



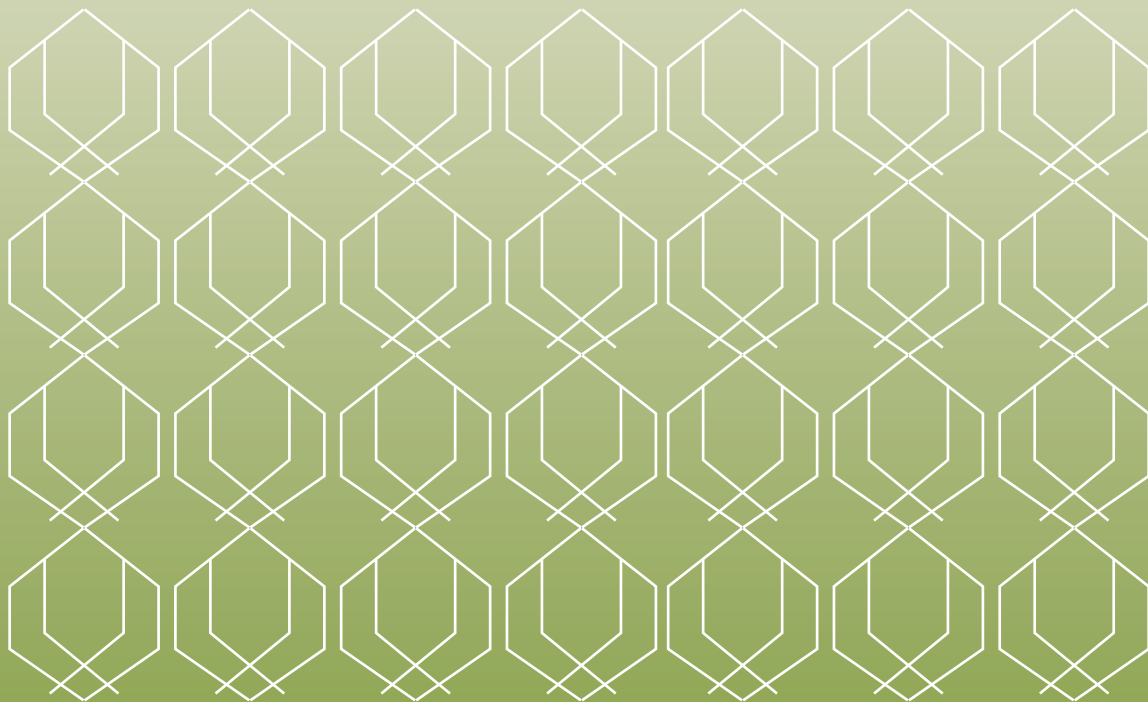
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MINISTRY OF HEALTH-ETHIOPIA

HEALTH SECTOR DEVELOPMENT & INVESTMENT PLAN OF FIRST YEAR

WOREDA-BASED HEALTH SECTOR ANNUAL PLAN
EFY 2016 (2023/2024)

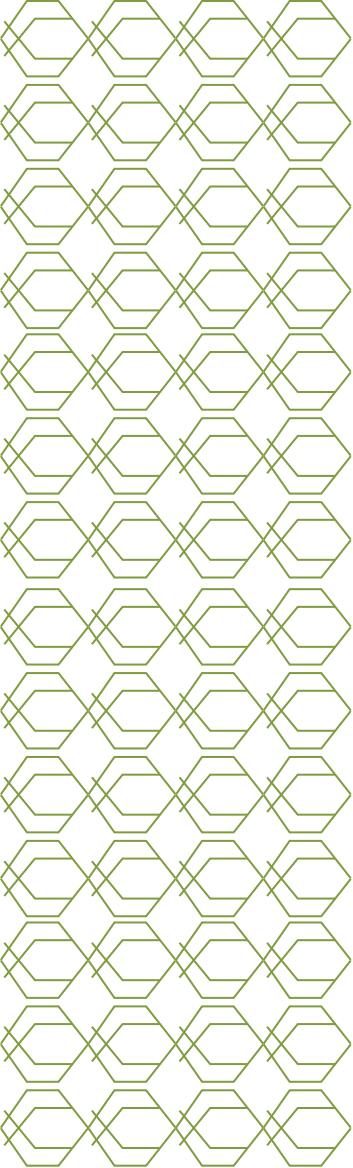
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Strong Health Financing for Sustainable Health Development!



V. 1

Addis Ababa, 2023



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Acronyms

AMR	Antimicrobial resistance
AYH	Adolescent youth health
APTS	An auditable pharmaceutical transaction system
BFHI	Breast Feeding Hospital Initiatives
CBHI	Community-Based Health Insurances
CBNC	Community-Based Newborn Care
CPD	Continuous Professional Development
CSC	Community score card
DHIS	Woredat Health Information System
DM	Diabetic Miletus
DOTS	Directly Observed Treatment, Short Course
ECD	Early child development
EHAQ	Ethiopian Hospitals Alliance for Quality
EHSP	Essential health service package
EID	Early infant diagnosis
HEENT	Head, Eye, Ear, Nose and throat
HEP	Health Extension Program
HIAP	Health in All Policies
HPV	human papilloma vaccine
HSTP	Health Sector Transformation Plan
ICCM	Integrated community case management
ICMNCI	Integrated community case management of new born and childhood illness
ICU	Intensive Care Unit
IMNC	Integrated management of newborn and childhood illness
IMNCI	Integrated Management of Newborn and Childhood Illnesses
IRS	Indoor residual spraying
IRT	Integrated Refreshment Training
IUCD	Intrauterine Contraceptive Device
KPP	Key and Priority Populations
LB	Live Births
LLIN	Long-Lasting Insecticide treated Net
MCC	Motivated, Competent and compassionate
MDA	Mass Drug Administration
NCD	Non communicable disease
NICU	Neonatal Intensive Care Unit
ODF	Open Defecation free
PCV	Pneumococcal conjugated vaccine
PMT	Performance Monitoring Team
RMNCH	Reproductive, Maternal, Neonatal, Child, Adolescent and Youth Health
UHC	Universal Health Care
UNISE	Nutrition information system in Ethiopia
WASH	Wash, sanitation and hygiene

1. Introduction

The Health Sector has made an effort to implement health Policy and strives its vision through developing a long-term plan as well as medium and short term plan to achieve the best health outcomes. Previously, the Second Five-Year Transformation Plan (HSTP II) has been designed with five objectives; seventy-six targets; fourteen strategic Directions and a range of strategic initiatives as well as main activities. In order to implement the HSTP II plan, annual operational plan has been developed every year considering the existed status of the country.

However, the country has faced internal conflicts which compromised the socio-economic situation and hence the government had given a direction to prepare a three-year plan document for all sectors considering the current status of the country. In order to prepare the medium term plan, the Ministry of Health established of a task force and various technical working group to prepare the medium term plan through appropriate coordination. The three year plan prepared through developing of Term of references and conducted subsequent consultation with different stakeholders and inputs from higher officials. The teams were used different inputs like reviewing of HSTP II performance status, Medium Term Review of HSTP II and current status of the country.

Taking into account for the direction of the Ministry of Health top- leadership, a comprehensive three-year plan with one overall goal and eight objectives has been developed. The HSTP II Strategic Directions and Programs are well addressed on the Health Sector Development and Investment plan (HSDIP) and the draft plan document was enriched by senior and intermediate leadership, as well as by various stakeholders through conducting subsequent consultative workshops.

The Health Sector annual indicative plan for EFY 2016 drafted considering HSTP II. The draft indicative plan shared to Lead/Executive offices, FMOH Agencies and higher officials to enrich the document. Then additional comment organized from each executive office and incorporated of the relevant comments on the draft document. Finally, the draft document shared to MoH Executive as well as management for additional direction and inputs. The strategic affaires Office mobilizes finance to prepared EFY 2016 WBHSP through collaboration with partners. The National level plan orientation for RHBs facilitators was carried out and detail discussion on the draft indicative plan (priorities) was conducted among the national and RHBs program experts to have common understanding on it.

The plan was prepared at Woreda and Health facility level and then aggregated at each level of the health system. Nationally, plan reconciliation was conducted with RHBs plan, Monitoring & Evaluation process owners to refine and adjust some outliers. After plan

reconciliation, the draft core plan prepared considering draft of HSDIP and the refined WBHSP document as an input and shared to MoH executive and Agencies for their comments. After incorporation of relevant comments, the draft core plan submitted to MoH higher officials, Plan & Development Minister, Prime Minister Office and Ethiopian People Houses of Representatives.

The MoH lead/Executive Offices and Agencies were prepared their detail plan to cascade the draft core plan after necessary orientation had given by strategic affairs executive Office. Plan alignment between the executive Offices and partners as well as among each executive Offices were also conducted. Finally, the Health Sector core plan has produced and it needs to implement through strengthening of good governance in the health system, active participation of the health professionals, other government sectors, partners and the community to product better health outputs and outcomes.

2. Brief summary status of EFY 2015 Performance of the Health Sector

The Health Sector performance executive summary report of EFY 2015 is organized based set out in accordance of HSDIP structure for main indicators of different programs under eight objectives. As indicated on the detail performance reports, the performance varies from region to region, it is better to be aware that the measurements set out in this plan are set to show the level of performance in terms of the planned nationwide, and the detail list can be seen in the main report of the sector.

i. Improve Maternal, Child and Adolescent Health and Nutrition

Family Planning and Reproductive Health

An integrated effort has been done to increase number of new family planning services beneficiaries' through improving capacity of family planning services to enhance quality and equity of family planning services. After conducted assessment and identify reasons for not providing services in health institutions, their performances have been improved by providing training and avail supplies in 529 health facilities to ensure a full services; and contribute for improving the overall outcome of family planning. Family Planning Services is one of the main activities planned in the fiscal budget year. The services have been delivered to 15,389,526(76%) of women in reproductive age group. In addition to these, 288,105(8%) mothers have been benefited family planning service immediate after getting birth.

A rapid survey on the initiative, attitudes and challenges of professionals providing youth and adolescent health services has been conducted in select health facilities of eight

regions and two city administrations to identify the bottleneck's and improve the health of young people and adolescents. Additionally, gender-based violence treatment training has been provided to 30 experts.

Maternal Health

Coverage of pregnant mothers who had received ANC+1, ANC+4 and ANC+ 8, were 100%, 79% (2,692,146) and 15%, respectively. Skill birth attendant's services in health facilities were provided to 75% (2,551,539) mothers and 183,251 mothers were also delivered by caesarian section. The coverage of postnatal care within seven days was 92% (3,126,883).

Child Health and Immunization

Numbers of young infants who recovered from sever sickness, after getting medical service, were 85,568 (33%). About 47,561 (83%) neonates were resuscitated from asphyxia. The number of Neonates with low-weighted or premature infants who got KMC services after-delivery was 30,064. The coverage of children under 5 years age, were treated for pneumonia was 78%. The coverage of children under 5 years age treated with ORS and Zinc for diarrhea diseases reached only 22%. The coverage of Penta 3 and full immunization for infants (less than 1 year) were reached 100% (3,375,447) and 97% (3,064,692), respectively. Additionally, the coverage measles one to under one years were also reached 3,196,420(100%).

Nutrition

Monthly growth monitoring coverage for children under 2 years age has reached 3,343,039 (63%). The coverage of 6 - 59 months children who took vitamin A was supplementation was reach 100%(15,938,420) and the coverage of pregnant mothers who took iron folate pill to prevent anemia was 67% (3,786,898).

ii. Improve Disease prevention and control

HIV/AIDS

In order to address the prevention and control of HIV, Syphilis, and Hepatitis B transmission from mother to child, significant progress has been made. The coverage of HIV testing among pregnant and lactating mothers has reached to 99%. Similarly, the coverage for Syphilis testing has reached 74%, and Hepatitis B testing was done to 297,492 individuals.

Furthermore, we have successful provided anti-HIV treatment services to 75% of pregnant and lactating mothers who have tested positive for HIV in their blood. Additionally, it was achieved a 69% coverage of HIV testing for children who have been exposed to HIV+ mother. These accomplishments demonstrate our commitment and dedication to HIV prevention

and control efforts, particularly in ensuring the well-being and health of both mother and child.

It is estimated that there are approximately 610,350 people with HIV across the country. Out of this number, 84% (or the first ninety-five) have undergone testing and received their test results. Of those who reported their results, 465,851 were taking ART drugs, of which 15,256 were children aged 0-14 years. Furthermore, on a nationwide, 96% of individuals, including both adults and children taking ART drugs, who were tested for viral load had a viral load measuring less than 1,000 copies per milliliter.

TB Prevention & Control

The coverage of all types of TB case detection reached 134,616 (100%) and the coverage of TB success rate was also reached 46,196 (96%).

Malaria Prevention & Control

In 2015 EFY, a total of 19.7 million bed nets were purchased to replace the old ones in 537 Woredas. Out of these, 17,895,663 bed nets (90%) were bought with the assistance of the Global Fund and intended for nationwide distribution. These bed nets were distributed to the Woredas, with 15,816,764 (88%) being delivered to the users.

Additionally, a budget of 109,004,721 Birr was allocated for distribution at the regional and Woreda levels. As part of the plan, 1,253,268 houses were planned for IRS, and 1,214,287 (97%) of these houses were sprayed. In the fiscal year, a total of 14,827,328 individuals were tested for malaria, and 3,214,864 individuals were positive for malaria and treated with anti-malaria drugs.

Prevention & Control of Non-Communicable Disease

As indicated on the annual report of 2015 EFY, there has been considerable progress in the prevention and control of non-communicable diseases. Specifically, the coverage of hypertension in adults stood at 513,580 (61%) and it was controlled. Similarly, significant strides have been made in addressing to control adult-onset of diabetes, with coverage of 190,823(80%) cases were managed.

iii. Improve community ownership and Primary Health Care

The quality of the previous categorization of health posts was assessed and re-categorization was carried out by all regions. Accordingly; 6,898 (99% of all HPs except Tigray), are categorized and of which 12,470 (74%) were identified as basic Health posts,

1,873 (11%) as comprehensive health posts, and 2,555 (15%) are to be merged with the health center. Among those categorized to be merged with the supervising health facility, 1,572 (61.5%) of them are merged and started provision of services as per the revised standard. To facilitate a supportive environment and functional linkage between facilities, 1,455 (37.4%) health centers have established community health units. Furthermore, 49 (the plan was 39) comprehensive health posts (CHP), which is 2.7% of expected CHP, have started providing comprehensive health extension program services.

The indicator for achievement of Woreda transformation are mainly focused on area of improved model kebeles, high performance of primary health care units, strengthening Woreda management & leadership and increased community health insurance coverage. During EFY 2015, there was a total of 706 woredas, 14,480 Kebeles and 2,907 primary health care units were reported, respectively. According to the regional self-assessment report, out of which 113 (9%) woreda, 755 (19.4%) primary health care units and 4,643 (32%) kebeles was reported as model.

In terms of strengthening surgical services in health centers at the end of EFY 2015, there are 106 (> 100% of the annual Targets) are providing OR services, though 430 health centers across the country have OR blocks. Though the OR table and OR light procurement process has been delayed, about 170 OR table purchases have been made and distributed to 91 health centers. During 2015 EFY, assessment was conducted to all HCs with OR blocks. The major findings were shortage of human power, especially anesthesiologists (available at 26% of HCs with OR) and emergency surgeons or IESO (available at 23% of HCs with OR), shortage of surgical equipment (only 39% of OR block HCs have an OR table and OR light, whereas 49% have an anesthesia machine and 50% have a suction machine). To reduce shortage of human resources problem, efforts are underway to develop a curriculum for providing short-term training for graduate doctors.

In order to strengthen the capacity of Women Development Army (WDA) leaders, 278,453 participants were completed competency based training in EFY 2015 in the Agrarian and pastoral regions. Out of which, 198,207 took competency test and 144,920 were certified as competent. In general the total trained WDA since the beginning of the competency based training were 1,090,426 women, of them 686,307 have took the competency test and 592,444 have been certified as competent.

The proportions of households that practice safe solid and liquid disposal are 44% and 31% respectively at national level with wide regional variation. MOH in collaboration with MOE has constructed and equipped Menstrual Hygiene and Health (MHH) blocks in 1080 schools through different projects. Menstrual Hygiene Day was observed in Addis Ababa in the presence of senior officials from the MOH, MOE, Ministry of Women and Social

Affairs, WASH sectors, and development partners. MOH and other stakeholder's high level advocacy have convinced the decision maker to reduce the tax on menstrual hygiene products from 30% to 10%. The achievement for basic water service supply, basic sanitation and basic waste management are 76%, 62% 63%, respectively.

iv. Improve access to quality and equitable medical health services

Nationwide, outpatient medical services were given to 151,320,027 clients that make the OPD attendants per capita 1.5. The average length of stay and bed occupancy rate in the hospital were 4.1 and 68%, respectively. In order to expand the specialty and sub specialty medical services in our country and to reduce the number of citizens who go abroad for intensive treatment, the specialty and sub-specialty medical service roadmap has been developed and implemented involving both government and private sector.

For example, there was possible to start cancer radiotherapy services in Haromaya, Endoscopic spinal surgery and Craniofacial Surgery in ALERT comprehensive hospital, a new stroke unit in Black lion (Tikur Anbessa) Hospital, Gynecology surgery in Jimma and advanced Cardiac treatment in ALERT and Jimma. Along with this strengthening the specialty and sub specialty treatment services was done.

In addition to this, kidney transplants at St. Paul's Hospital Millennium Medical College restarted after the attack of COVID-19 pandemic. Totally, 151 transplants have been done with an efficiency of 98%, which is very high compare to the international level, out of which ten kidney transplants have been done entirely by Ethiopian doctors and health professionals. In order to consolidate more liver transplants in our country, documentation and preliminary work has being done together with Ethiopian doctors living in America.

Various private laboratory and pathological services including intensive care of stroke and neurology such as Advanced Diagnostic Center have started. Also expansion of the Arsho Advanced Diagnostic Center and equipment installation and licensing of the Pioneer Nuclear Medicine Center are underway.

The Preparation of assistive technology strategy has been made for strengthening and expanding rehabilitation medical service. In addition to this, technical support and training has been provided to experts from hospitals and rehabilitation centers to connect 12 selected rehabilitation centers and hospitals with the rehabilitation service delivery reporting system.

The improvement of accessibility and quality of diagnostic services, laboratory, pathology and imaging medical services in public and private partnership has started to provide the

services to the community in Addis Ababa. To improve and strengthen the quality of medical oxygen access and service, first draft document of Ethiopia's Medical Oxygen Roadmap II and, financial policy brief and draft guideline was developed for oxygen planting regional and university hospitals. Even though there are wide discrepancies between the regions, emergency department mortality room is 0.24% and shows that we have achieved great results in terms of the plan.

Improving blood and tissue bank services

In EFY 2015, there was plan to collect 490,699 units of blood and collected about 352,962 (72%) units of blood. About 61% of the voluntary blood donors were novice blood donors. Out of the total collected blood 50,371 ml (16%) was converted to blood product and full fill 85% of blood demand of health facilities.

v. Enhance Public health emergency and disaster risk management, and post conflict Recovery and rehabilitation

Medical and related activities during the conflict:

The emergency response sub-committee of the health sector which was established at the national level met regularly once a week and was able to coordinate activities. Medical Supply Service; Medicines, Medical equipment and supplies worth more than 237,711,909 ETB have been distributed to health facilities in Amhara, Afar, Oromia, Addis Ababa, South and Sidama regions that provide emergency services. In addition to this, Medicines and medical supplies worth a total of 88,222,976 ETB have been provided to health centers and hospitals in the conflict affected areas of the Oromia region. Various medical supplied 491,493,589 ETB from the Ministry of Health; 73,766,787 ETB from partner organizations; 540,516,484 ETB from Diaspora and also collecting resources worth 208,389,976 ETB from the affiliated hospitals and regions, a total of 1,314,166,836 ETB for Amhara, Afar, Oromia and Benishangul was distributed to rehabilitate health facilities. A total of more than 454 professionals have provided emergency services in various health facilities.

In order to coordinate of the desire activities 3 teams from the Ministry of Health, Regional Health Office and National Defense who coordinate in war zones; were sent to the site. More than 60 health facilities have been involved in emergency response to provide coordinated medical services, and also 100 Ambulances have been requested from the government and 24 Ambulances have been collected and handed over to the Ministry of Defense.

Special support to Tigray Region

- Life-saving drugs and medical supplies worth 19,072,402 ETB from Gondar drug supply branch had been delivered to Shire and nearby cities.

- Supplies worth 30,212,612 ETB from Dessie branch had been delivered to Alamata and the surrounding health facilities;
- Additionally; Anti-malarial, diabetes, dialysis, anti-tuberculosis, anti-hypertensive, reproductive health and other life-saving drugs worth 78,763,354 ETB were delivered to Mekele through the World Health Organization and ICRC;
- Vaccines worth 112,766,836 ETB had been sent to Mekele.
- 312,438,472 ETB worth of resources for 29 solar refrigerators were supported to start vaccination services.
- Two round work, 277 medical devices were repaired and returned to service and 1,566 metric tons of medicines and various resources were supported for life-saving and medical services.

Disease outbreak

Measles epidemic occurred in Amhara, Oromia, South, Southwest Ethiopia and Afar regions.

The mortality rate of measles/rubella outbreaks is 3%, and in 90% of the 75 areas where measles has been reported, the outbreak had been under control to make it less fatal. The outbreak reported a total of 10,920 measles cases and 117 deaths. 686,381 (105.7%) children aged 6 months to 10 years were vaccinated in Oromia, Southern and Somali regions to prevent measles outbreak. In addition, cholera outbreaks were reported in 10 Woredas under two regions (Oromia and Somali) with 822 cases and 27 deaths.

RDT (rapid) testing for Covid-19 was conducted for 20,580 passengers at entry and exit checkpoints. More than 7,093 people who had direct contact with people infected with COVID-19 have been identified. Of those, 5,570 (78.5%) were tested and 349 (6.3%) were found to be infected. Diagnostic, preventive and medical resources worth more than 1.35 billion ETB have been distributed to selected health institutions that provide Covid-19 treatment services.

vi. Improve Health system Capacity and Regulation

Improve health infrastructure

Although there was not allocated finance to water and electricity supply to health facilities at federal level, it was possible to increase the coverage of clean water supply from 66% to 67% in health centers through coordination with the regions for 40 health centers. But there was not any improvement in the electricity supply due to lack of budget.

The Construction of three huge projects by MOH Agencies includes Armauer Hansen's for nine stirrup Modern Research and Laboratory Center (2B+G+6) building construction has increased from 96% to 99%, Eleven stirrup Alert Trauma Hospital (2B+G+8) expects of 500 bed Building construction has increased from 45% to 47% and the construction of the fifteen stirrup modern residential building (2B+G+12) under construction in Mekanisa compound has been increased from 5% to 20%. The construction of Alert Trauma Hospital is being delayed due to various capacity constraints and prepared proposal to minimize the problem and also communicated to Ethiopian Construction Authority, to take appropriate legal action.

Out of 2,422 health facilities about 1,575 health facilities have been completed with integrated support to RHBs to speed up the construction of health facilities under direct supervision of RHBs. The average performance of the remaining 847 health facilities has reached 85% and will be continuously monitored to complete it in the near future.

In order to conduct construction of five modern medical centers with eleven floors each and expects to have total of 3500 beds, namely the Emergency Psychiatric General Hospital, Alert Dermatology and Plastic Surgery Center, and the seven-floor St. Peter's Diagnostic Center, international open tender is issued after approval of the work list, design and bid documents by Construction Authority. In addition to this, it can be seen in the annual detailed performance that expansion works are being carried out in various areas, including at federal and RHBs.

Improve evidence based decision making

Woreda Based Health Sector planning

Necessary preparation was done for developing the WBHS preparation and provided cascaded training up to the facility level for plan facilitators. This helps to have common understanding on how to prepare the desire plan at Woreda and Health institution level. The planners were prepared their respective annual plan at Woreda and health institution level; and then aggregated up to the national level to produce the core plan.

Research and development

Various analytical reports have been produced by Ethiopian Public Health institute and Armaur Hansen research institute. Twenty six research projects have been completed and technical reports have been prepared. About 130 research results have been published in scientific journals in the form of scientific articles by the two institutions. Baseline study to prepare National Food and Nutrition Strategy has been completed and its results were used as an input to prepare intended strategy plan. In addition to this, an in-depth data

analysis and preliminary report of the National Health Service provision assessment (SPA) were also prepared.

Strengthen monitoring and evaluation system

Performance reports from executive offices, Agencies and Regions were evaluated and provided necessary feedbacks. Additionally, the Ministry in collaboration with RHBs and stakeholders conducted an annual Review meeting to review performance of the Health Sector. The average report timeliness of the year has reached 75% and report completeness has reached 85%.

The birth and death notification has reached 75% and 4%, respectively. The cause of death study has been done for about 500 deaths and the data were analyzed by sex and age. Even though an effort has been done, still the death notification remained low. The implementation of Community health information system has been indicated by number of health posts that started family registration using eCHIS reached 7,806 (46%). The number of households and family members registered reached 4,732,463 and 20,114,801, respectively.

Digital health

Digital technology plays a significant role to deliver the multifaceted services provided in the health sector in an efficient and quality manner and to facilitate informed decision-making. It means supporting health services with technology improves the management and proper use of health information systems. Among planned activities, the work of developing all the modules to implement Integrated Human Resources Information System (iHRIS) and pilot test has been completed and accounts has been created for all regions.

Subsequently, training was provided to a total of 65 program experts (human resource experts, and technical assistance staffs) from the ministry and 12 regions. Regions have started entering data and support and monitoring the work has been done for regions that have started the system.

Regarding MFR, the information of private, governmental and non-governmental health facilities in all regions has been registered and already updated the Master Facility Registry (MFR). In addition to this, customization and software development for the eHMIS (DHIS2) has been completed and it has been repeatedly tested by federal and regional experts. After all the necessary adjustments have made, training were given to experts. About 85% of government facilities and 35% of private clinics are reporting using update (DHIS2) software. Similar to this, woreda planning software has developed and training were provided to regional plan facilitators to use the software for preparation of EFY 2016 WBHSP. Woreda Transformation Dashboard has developed and implemented in DHIS-2

and HIV/AIDS Dashboard has also developed and made available to end users. In addition, the COVID 19/Antigen RDT has customized in a new way and tested it. Implementation of eAPTS/DAGU 2.0 and Simple App information system were carried out in all health facilities and 110 health facilities, respectively. The implementation of electronic information system in Sekota declaration expansion woredas and kebeles has been carried out.

Regulation of Food, Medicine, Medical equipment and Other Health Products

Quality and safety regulation of food

The regulatory functions focuses on improving the registration and licensing of organizations that can produce and import food items. During the reporting year 94 dietary supplements, 15 baby foods (including infants) and other different types of food were registered and 586 market authorization and 2,230 notifications was given. For those new food establishments (food manufacturers, food exporters, importers & distributors), 147 manufacturers and 813 (Importers and distributors) were issued certificate of competency. Similarly, post-licensing inspections were carried out on 678 food manufacturers, and 848 importers and distributors. Moreover, assurance was provided to 540 food facilities (food manufacturer, exporters, importers and distributors) implementing internal quality management system (IQMS).

To control illegal food trade and food adulteration in the market, 12 market assessments has been done and 6 intelligence-led surveillance and operation has been conducted and measure has been taken on 48-facilities. A consignment test was performed for 41 imported food items and 1,359 (97.6% from sample) were found to comply the national standard, while 8 failed and detained them from entering the country. Post market surveillance (PMS) was conducted for 9 food items including Water treatment chemicals, candy, packed water, packed juice, edible salt, peanut sample, pasteurized milk, yoghurt and milk. Of the 1033 PMS samples, 578 (56%) were found to comply the national standard, while 450 failed and collected from the market. A total of 13,319.445 tons and 4,605,335 Birr worth of food products that are not suitable for human use were seized for various reasons or prevented from being used for human use.

Regulation of medicine products

Ethiopian Food and Drug Authority (EFDA) issued new market authorizations for 867 medicines, conducted consignment tests on imported medicines, and provided certificates of competency to newly established medicine facilities. The EFDA also conducted post-license auditing inspections of medicine manufacturers, importers, distributors, and Pharmaceutical Small Scale manufacturing facilities.

In the fiscal year, a total of 25.23 billion ETB worth of medicine and 382.08 million ETB worth of medicine raw materials were given import permits after checking their quality and safety. A total of 42.5 million- ETB worth of medicine and medical products, that are not suitable for human use were seized for various reasons or prevented from being used for human use.

Registration and licensing of medical devices are essential to ensure their quality. The EFDA planned to issue 860 new market authorizations for non-in-vitro diagnostic (NIVD) devices and 720 new market authorizations for in-vitro diagnostic (IVD) devices during the fiscal year. However, they were only able to issue 658 (76.5%) and 601 (83%) licenses, respectively.

In the fiscal year, the authority conducted microbiological consignment tests for 10 types of medical equipment as planned. The authority also planned to test 150 condoms for quality, but only 123 (82%) were tested. Of the 123 samples tested, all of them (100%) complied with the national standard. The authority also planned to test 300 gloves, but only 281 (94%) were tested. Of the 281 samples tested, 197 (70.1%) complied with the national standard, while 84 (29.9%) failed and were detained from entering the country. At the entry checkpoints, medical devices worth 13.52 billion ETB were inspected and allowed to enter the country after passing the necessary quality control. In contrast, medical devices worth 33.4 million ETB were seized from being imported and distributed in the country because they did not meet the requirements set by the authority.

Regulation of Cosmetics & Control of tobacco and tobacco products

The EFDA issued 435 notifications for imported products to ensure that they do not contain prohibited ingredients and that restricted ingredients are present at the permitted level. The EFDA also issued certificates of competency to 119 newly established cosmetic manufacturers, importers, and distributors. The EFDA conducted pre-licensing activities based on the needs of the applicants. The EFDA also conducted inspections of public places to control tobacco smoking. There was a plan to inspect 36,518 public places, but 64,677 (more than 100%) public areas were inspected. All the inspected areas were smoke-free. To strengthen tobacco control activities, the EFDA committed to initiate the Addis Ababa Smoke Free Initiative. A technical working group was established to coordinate this initiative and engage all relevant stakeholders.

Regulation of health institutions & health professionals

At national level, the coverage of health facilities that meet standards reached 62% and also inspections were carried out in 51(88%) of the health facilities; this helps to strengthen the control of health facilities and also conducted inspection activities by federal government.

Regarding the control of health-related institutions, hygiene and environmental health care inspections were conducted for a total of 188 institutions (higher education institutions, prisons, hotels, refugee camps and food and beverage service facilities located in international airports).

During the fiscal year, to conduct health professional competency assessment, two blueprints were developed for nursing and pharmacy professions, 13 blueprints were revised for selected professions, two OSCE versions were developed for dental medicine and anesthesia professions, exam developed for seven professions, competency assessment exam was administered in four rounds and computer-based licensure exam was initiated. License was also issued for health professionals who came from abroad (foreigners and Ethiopians)

vii. Improve Pharmaceuticals and Medical devices management and Production

Availability of pharmaceuticals and medical equipment's

Currently, the average lifesaving and essential medicine availability reached to 84% but availability of health program medicine reached to 94%. Average availability of essential medicine at health posts was 78% while at health centers it was 88%. In the fiscal year, a total of 38,959,865,644.69 ETB of medicines and medical devices were distributed to the warehouses through procurement and in-kind assistance. Out of this, 15,459,897,756.79 ETB was procured from the regular budget and health program and 23,499,967,887.9 ETB was received from various partner organizations.

viii. Improve Health Financing and Private Sector Engagement

Enhance Health Financing

It was planned to collect 417 million US dollars promised from development partners and 420 million US dollars (>100%) has been collected. In order to rehabilitate conflict-affected health facilities, the Ministry of Finance is in the process of purchasing medical equipment worth of \$15 million from the World Bank support. About 359,000 dollars from Big Win used to strengthen health services for people displaced by the conflict.

Several strategic initiatives have practiced to enhance the implementation of community health insurance. Among them, increases number of woredas implementing community health insurance system (CBHI) is exercised. An effective Community mobilization has been conducted in collaboration with relevant stakeholders. This believed to increase the coverage of beneficiary of citizens, to improve the service provision of health facilities through strengthen the coordination system with RHBs. Preparatory activities has also carried out to launch social health insurance system in the country.

In the fiscal year, number of woredas implementing community based health insurance has reached 993 (93.5%) and out of 15,075,905 households who are expected to be members, 12,185,370 (81%) households enrolled in CBHI. Similarly, out of 9,815,599 expected members to renew their membership, 9,150,533 (93%) of households had renewed.

3. The Preparation and implementation phases which was done to develop EFY 2016

Preparation phase

- Prepared & got approval by higher officials on plan of action to develop EFY 2016 WBHSP
- Prepared financial resources required for planning and filled the gaps by mobilized from other sources by higher officials
- Prepared guidelines and planning forms to help preparation EFY 2016 plan and made them ready to use;
- Conducted review on the previous planning process and use findings as an inputs to prepare EFY 2016 plan preparation;
- Gathered available evidences to prepared EFY 2016 indicative plan (used achievement of major indicators in EFY 2015 as baseline);
- Prepared EFY2016 indicative plan document and enriched by lead/Executive Offices and MoH agencies ;
- Updated WBHSP preparation software in coordination with stakeholders ;
- Provided cascaded ToT training to RHB, ZHDs and WorHOs plan facilitators on how to prepare the EFY 2016 WBHSP;
- Distributed financial resources & other necessary document to Regions and facilitated to communicated to lower level to prepared the plan ;

Implementation phase

- Provided technical support to Regions while provided cascaded training ZHDs & WorHOs
- Organized and Aggregated WBHSP at each level of the health system;
- Conducted National level plan reconciliation with RHBs to refined the plan
- Prepared Min- plan guide to prepare comprehensive plan and provided orientation to MoH Lead/Executive Offices and Agencies

- Submitted the draft EFY 2016 core plan to senior management for approval;
- Technical support to Lead/Executive Offices during comprehensive plan preparation and ensured the core plan is well addressed by respective programs
- Conducted plan alignment with partners, among Lead/Executive office, MoH Agencies and RHBs;
- Distributed/shared the aligned plan document to the relevant bodies;
- The plan will monitor its implementation periodically and providing support when needed.

4. Strengths and Weaknesses in EFY 2015

Strengthens

- Conducted integrated efforts to streamline drug supply using various procurement systems.
- Supported technically and financially to internal displaced community to reduce risks in collaboration with stakeholders
- Communicated with Governmental officials to allocate financial to health facilities
- Collaborated with National Bank of Ethiopia to improve supply of raw materials supply
- Provided support and monitor at the central, regional and zonal level to address to man-made and natural disasters
- Tried to rehabilitate and start functionalities of damaged health facilities in various regions;
- Conducted regular discussion with RHBs to give more attention for damaged Health facilities
- Strong coordinated efforts to prevent and control Covid-19 epidemic and other public health emergencies;
- Provided several trainings to experts selected from various programs areas
- Conducted inspection to food and medicine imported companies to ensure quality and safety;
- Finalized restructuring of the Ministry of Health/ head office;

- Distributed pharmaceutical supply to health facilities that have been damaged by man-made causes in Amhara, Afar, in Oromia, Tigray and Benshangul Gumuz region;
- Cancelled contracts for those which showed significant increases in price on some inputs, not being able to meet demand of supplies to health institutions as required;

Weaknesses

- Low supply of domestic medicine and medical equipment manufacturers and failure to supply medicines on schedule due to raw materials, shortage of foreign currency and various reasons.
- Delayed procurement process and not provided resources in time and the government procurement system not being conducive for procurement of pharmaceutical supply;
- Inflation in the market price of construction materials and the lack of cement and limited capacity of contractors affect speed of projects;
- Instability and epidemics occurred in different parts of the country that led to health problems in the community;
 - ✦ Displaced of communities and destructed many health facilities;
 - ✦ Shifted resources to emergency and created pressure on routine health system;
- Failure to employ doctors and various medical professionals as being required to the field.
 - ✦ Budget constraints in all regions and presence of many unemployed professionals;
 - ✦ Poor incentives mechanism to professionals and lack consistency in region;
- Low attention to covid-19 epidemic at all levels and inadequate preventive measures and vaccination to community;
- Inadequate coordination and organizing of information due to delayed the revision of DHIS2;
- Delayed budget requested approval by the Ministry of Finance and budgets release from various donor organizations

- Low supply of domestic medicine and medical equipment manufacturers due to failure of raw materials, shortage of foreign currency and various reasons.

5. Planning assumptions

Health sector vision, mission and values

Health sector vision

- To see a healthy, productive and prosperous society

Health sector mission

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

Values

- Community first
- Integrity, loyalty, honesty
- Transparency, accountability, and confidentiality
- Impartiality
- Respect for law
- Professionalism
- Change/innovation
- Compassion
- Being a role model
- Collaboration

6. Goal of the HSDIP

The overall goal of the health sector medium term strategic plan is to improve the health status of the population through accelerating progress towards universal health coverage, protecting people from health emergencies, transforming wordas and improving health system responsiveness that further contributes to the sustainable economic development.

This goal entails strengthening the health system to ensure that people live longer and healthier lives by reducing the causes of premature deaths, including maternal and childhood health conditions, unhealthy lifestyles, and accidents; expanding access to high-quality health care for all; and ameliorating the effects of social determinants of health..

7. Strategic Objectives and their description

Improve Maternal, Child and Adolescent Health and Nutrition

Description

This strategic objective is about promotion of health and prevention of diseases among mothers, new-borns and children through implementation of different programs that encompass health services provided by organizing services in a continuum of care through the course of life cycle including preconception and pregnancy care, Labour and delivery, Newborn care, child health, and adolescent health and nutrition services. The RMNCAYH-N package contains seven major program areas: 1) family planning and reproductive health, 2) maternal health, 3) neonatal and child health, 4) immunization, 5) adolescent and youth health, and 6) nutrition program. The strategic initiatives and main activities are described in each of the program areas as follows. Achieving this objective will improve the health services coverage, and contribute for the reduction of maternal, neonatal and child morbidity and mortality.

Improve disease prevention and control

Description

This strategic objective aims to reduce disease occurrence and minimize their effects through focusing on the prevention, control and management of major communicable diseases such as HIV, malaria and other vector borne diseases, tuberculosis, leprosy, and other lung diseases, hepatitis, NTDs, Non-communicable diseases and Mental health. High impact interventions will be used to reduce the burden of these targeted diseases that include health promotion and disease prevention; and strengthen screening, diagnosis, and treatment of communicable diseases. It will be measured with the coverage of interventions of HIV/AIDS, viral Hepatitis TB/Leprosy, Malaria, NTD and NCD prevention and control, and reduction of morbidity and mortality attributable to these diseases. .

Improve community ownership and Primary Health Care

Description

This strategic objective will focus on ensuring the community's active engagement, and ownership in the planning, execution, monitoring, and evaluation of health-related activities. It focuses on enabling communities to increase control over their lives through creating health literacy and decision power. Re-designing, testing, and implementing a package of alternative approaches tailored to address emerging challenges to the existing community

engagement strategies will be a key milestone to advance community engagement and ownership and accelerate the progress towards UHC. Health Promotion, WASH and Environmental Health, and Health Extension Program and PHC are the major programs planned to be implemented in order to achieve the set objective. This strategic objective will be measured using the indicators of effective community engagement, and coverage of primary health services.

Improve access to quality and equitable medical health services

Description

This objective is addressed through provision of comprehensive medical care services that are safe, effective, efficient, equitably accessible, and internationally acceptable care. It requires designing and implementing a range of strategic interventions. The core programs or services under this objective are medical services, medical emergency and critical care services, laboratory and other diagnostic services, safe blood transfusion and tissue services, prevention and containment of Anti-microbial resistance, health service quality, equity and innovations.

Enhance Public health emergency and disaster risk management, and post conflict Recovery and rehabilitation

Description

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

Improve Health system Capacity and Regulation

Description

This strategic objective focuses on strengthening the capacity of the health system to function properly and delivery quality and equitable health services transforming the national efforts toward building high performing health system leadership, availability of competent and compassionate workforce, robust infrastructure and regulatory capabilities.

It will be measured using key indicators that determine the changes in the capacity of leadership and governance, social accountability, availability of basic infrastructure and adequate workforce, adherence of health and health related institutions to the standards, and safety of food products and medicine.

Harnessing Innovation for Health System Quality, Equity and Safety

Description

This strategic objective is about ensuring high quality, equitable and safety health services that result in improved health outcomes through fetching and implementing innovative ideas and technologies. It focuses on strengthening health system quality and equity that enables sustainable improvements in service quality, equity and safety.

Improve Pharmaceuticals and Medical devices management and Production

Description

This objective aims to enhance the efficiency and effectiveness of the pharmaceutical supply chain, pharmacy services, and medical device management systems. It also focuses on promoting local manufacturing of medicines and medical devices, as well as traditional medicine, through the development and implementation of strategies. Additionally, the objective aims to improve the procurement and management procedures for medical devices, while ensuring the rational and proper use of drugs and reducing pharmaceutical wastage. Lastly, the objective aims to address the global health and development threat of Antimicrobial Resistance (AMR) by strengthening actions for prevention and containment.

Improve Health Financing and Private Sector Engagement

Description

The objective is to secure sufficient and sustainable funds to achieve “Universal Health Coverage through strengthening Primary Health Care” in Ethiopia, without burdening the citizens financially. The aim is to gather enough financial resources and efficiently allocate them for health services and programs, while also improving accountability and transparency in managing and utilizing these funds. The objective includes transitioning to more sustainable health financing by gradually shifting from external to domestic sources. Additionally, it emphasizes the collaboration between the government and the private sector to enhance national health priorities. This involves engaging private for-profit and non-profit institutions in various health-related activities, such as service delivery, supply forecasting, and strengthening health systems.

1. Strategic Objectives, Programs, Targets, Strategic Initiatives and Main Activities in EFY 2016

7.1. Improve maternal, child and adolescent health and Nutrition status

7.1.1. Improve maternal, child and adolescent health

7.1.1.1. Family Planning and Reproductive Health

Targets

- ✓ Increase contraceptive Acceptance Rate from 76% to 79%
- ✓ Increase Immediate postpartum contraceptive acceptance rate from 8% to 15%
- ✓ Increase long acting family planning coverage from 31% to 33%
- ✓ Increase proportion of health centers providing youth friendly services from 57 % to 63%
- ✓ Reduce teen age pregnancy from 13% to 10%
- ✓ Increasing the number of health facilities providing safe abortion services from 2672 to 3250.

Strategic initiatives and Main Activities

- **Strengthen and scale up of access to quality and equitable comprehensive FP**
 - Implement the FP 2030 commitment and monitor with Motion tracker
 - Provide on family planning quality standard guideline to improve access to quality of FP services Provide training for health care professionals on Family Planning Service Integration and launch in new HFs
 - Conduct advocacy forum to increase the budget allocated for the purchase of family planning resources by the government and to narrow the disparity in service access between regions
 - Perform various awareness-raising activities on World Contraception Day at the national and regional level to improve the performance
 - Provide training to health facilities that do not provide long-term family planning services and launching the service
 - Launching monitoring box (Willows Box) and 'smart start' model in institutions where it has not been started;

- strengthen the cooperation and coordination between private and public health institutions to ensure access to family planning services;
- Monitor that family planning documents are referenced by all regional health bureaus;
- Monitor the implementation of the multi-donor and UNFPA family planning resource procurement compact agreement;
- perform family planning and other reproductive health resources forecasting, procurement and supply chain management in Collaboration with stakeholders;
- Conduct needs-based studies on reproductive, family planning and adolescent and youth health services;
- Identify model health facilities with family planning services in all regions;
- Provide training for long-term family planning services at health posts with level four health extension workers and better infrastructure;
- Provide VCAT training to health professionals providing post-abortion family planning services;
- Conduct awareness activities on the negative perceptions and views on infertility;
- Identify health institutions that have discontinued family planning services in areas where natural and man-made problems have occurred, and start services with coordinated support.

▪ **Strengthen the access of equitable and quality PFP service**

- Provide PFP training for health care providers selected from public and private facilities with high delivery load that do not provide PFP service
- Coordinate mentorship with other reproductive health services on family planning and safe abortion services focusing on postpartum family planning services
- Monitor health professionals trained in postpartum family planning and other programs are working according to their training;
- Conduct supportive monitoring focused on reproductive, family planning and health of adolescents and youth

▪ **Strengthen and scale up adolescents and Youth friendly service providing health facilities (YFS)**

- Provide trainings to health professionals to implement standardized YFS service at health institution;
- Provide training and implement convenient adolescents and YFS health services at Comprehensive Health Posts;
- Conduct coordination with association of persons with disabilities and relevant key institutions to provide reproductive, family planning, adolescents and youth services/information to persons with special needs/ persons with disabilities;
- Provide training to student union, leaders and teachers in coordination with the Ministry of Education to further strengthen Youth friendly service and information in teachers' colleges and universities;
- Provide training to teachers on fertility, family planning, and youth health to provide information for night students;
- Monitoring Adolescent and Youth included in the leadership board of health institutions and are participating meaningfully;
- Extend the standards of AYH services to more health institutions by learning from the health institutions where the web-based platform has been piloted;
- Provide training to health professionals to implement Minimum Service Package (MSP) in industrial parks, flower farms, mega projects and similar workplaces and support/coordinate the implementation;
- Provide training for mass media professionals on reproductive health, family planning and adolescent and youth health;
- Conduct an annual forum on reproductive, family planning and adolescent and youth health services and recognize the best performing districts/woredas.

▪ **Strengthen multi-sectoral efforts to reduce teenage pregnancy**

- Conduct advocacy and awareness activities to strengthen awareness of child marriage and other harmful practices;

- Providing special technical support to programs such as smart start and low-cost high-transformation projects to improve access to family planning to adolescent and youth;
 - Organize and customize domestic and foreign best practices in reproductive health, family planning and reduce teenage pregnancy and implement them in accordance to our country;
 - Monitor and support reproductive, family planning & adolescent and youth health projects implemented by partner organizations;
 - Respond to human events in reproductive, family planning, youth and youth health in areas affected by natural and conflict.
- **Strengthen and expand access to equitable and quality safe abortion services;**
 - Conduct VCAT and burn out management training to health professionals who providing safe abortion services;
 - Implement safe abortion services at health facilities;
 - Conduct awareness creating on family planning and safe abortion services in self-help healthcare guidelines;
 - Monitor and support reproductive, family planning and integrated abortion services included in self-help health care;
 - Facilitate to have conducive working environment and have necessary supplies to safe abortion, adolescent and youth health and family planning services.

Table 1: Contraceptive Acceptance Rate, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible -All non-pregnant women of reproductive age, EFY 2016		1,190,889	422,399	4,765,861	7,874,911	1,343,871	262,788	2,806,591	942,130	682,805	126,381	66,560	137,958	1,297,940	21,921,083
Number of Women of Reproductive Age Who Accepted Modern Contraceptive Methods in EFY 2015	#	189,283	99,707	3,789,002	7,240,113	133,032	89,023	2,212,160	843,035	480,855	26,917	36,715	56,428	382,539	15,389,526
	%	31%	24%	81%	95%	10%	35%	80%	91%	72%	22%	56%	42%	30%	76%
Number of Women of Reproductive Age Planned to Accept Modern Contraceptive Methods, EFY 2016	#	777,839	211,592	4,050,982	7,559,915	264,276	155,860	2,329,471	876,181	546,244	59,663	43,264	69,575	480,068	17,424,927
	%	65%	48%	85%	96%	20%	59%	83%	93%	80%	47%	65%	50%	45%	79%

Table 2: Immediate postpartum contraceptive acceptance rate, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible -All Expected deliveries in , EFY 2016		132,743	33,640	563,681	1,217,420	135,667	26,107	420,932	142,944	77,401	9,104	8,938	14,876	93,716	2,877,168
Number of Deliveries Who received I-PP contraceptives in EFY 2015	#	6,927	2,363	11,609	141,834	3,387	1,091	55,646	33,884	11,669	227	1,318	1,754	23,323	288,105
	%	5%	4%	1%	10%	2%	3%	12%	21%	10%	1%	15%	10%	25%	8%
Number of Expected Delivered women who received IPP-CAR in EFY 2016	#	14,602	4,037	50,731	182,613	12,210	2,872	71,558	37,165	11,610	637	1,788	2,231	26,240	418,295
	%	11%	12%	9%	15%	9%	11%	17%	26%	15%	7%	20%	15%	28%	15%

7.1.1.2. Maternal Health Services

Targets

- ✓ Increase ANC4+ coverage from 79 % to 85 %
- ✓ Increase ANC8+ service coverage from 15 to 20 %
- ✓ Increase skilled delivery service coverage from 75% to 78 %
- ✓ Increase 2 days PNC coverage from 68.4 % to 75 %
- ✓ Increase 7 days PNC coverage from 92 % to 93 %
- ✓ Increase cesarean section rate from 5 % to 7%
- ✓ Increase coverage to 100% of mothers given uterotonics within one minute of delivery
- ✓ Reduce the stillbirth rate from 8.3 to 5.3 per 1000 births;

Strategic initiatives and Main Activities

- **Introduce and strengthen accessible and quality of preconception care**
 - Approve & promote the preconception service guidelines,
 - Provide preconception care training to health professionals Start implementation of preconception care by integrating with other maternal health planned activities
 - Support and monitor the status of implementation of preconception care guideline to launch as pilot implementation
- **Improve access and quality of antenatal, skill delivery and postnatal care services**
 - Conduct supportive monitoring to strengthen the implementation of guidelines for antenatal care services;
 - Develop an ultrasound training package to increases number of health centers that provide ultrasound services;
 - Conduct experience sharing visit, supportive supervision and national mobilization forums on the use of maternity **SBFR** homes
 - Make follow-up visits to selected health posts that have improved/reformed;
 - Provide budget and technical support to improve catchment based clinical mentorship services

- Celebrate Healthy Motherhood Month and evaluating its implementation;
 - Conduct an annual review on the performance of the Maternal Health Program;
 - Support the implementation of the call to reduce maternal mortality due to postpartum hemorrhage;
 - Coordinate activities to expand surgical delivery services;
 - Set up a forum for discussion with stakeholders to improve maternal health services for those in need of special support;
 - Conduct pilot implementation of provider lead continuum of care.
- **Strengthen and expand access to equitable and quality safe abortion services;**
 - Conduct surveys on delivery of quality abortion service;
 - Provide capacity building activities to strengthen and expand CAC service providing health facilities
- **Strengthen reimbursement modalities for maternal health free medical services;**
 - Support the completion of reimbursement guidelines for free medical services;
 - Work to make reimbursement guidelines for free medical services accessible to all institutions;
 - Monitor the performance of reimbursement for free medical services.
- **Strengthen Prevention, Identification, Care and Treatment of fistula and uterine prolapse**
 - Conduct assessment to identify uterine prolapse in collaboration with stakeholders
 - Monitor and evaluate the diagnosis and treatment status of identified fistula cases and uterine prolapse.

Table 3: Antenatal 4+ Care, EFY 2016

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National	
Eligible- Total Number of Expected Pregnancies, EFY 2016	204,220	60,827	793,918	1,466,771	215,128	43,311	489,456	164,303	119,078	16,413	8,938	18,221	93,716	3,694,300	
Baseline-Antenatal Care Service, EFY 2015	#	34,665	31,324	583,170	1,072,265	128,620	16,236	434,163	154,687	82,153	4,143	6,905	11,166	167,314	2,692,146
	%	27%	53%	75%	76%	61%	38%	90%	96%	70%	26%	79%	63%	100%	79%
Planned Antenatal Care Service for EFY 2016	#	133,724	43,915	671,988	1,252,872	159,078	29,272	468,485	158,332	101,813	8,343	6,928	12,755	93,716	3,141,220
	%	76%	72%	85%	85%	74%	68%	96%	96%	86%	51%	78%	70%	100%	85%

Figure 1: ANC4+, EFY 2016

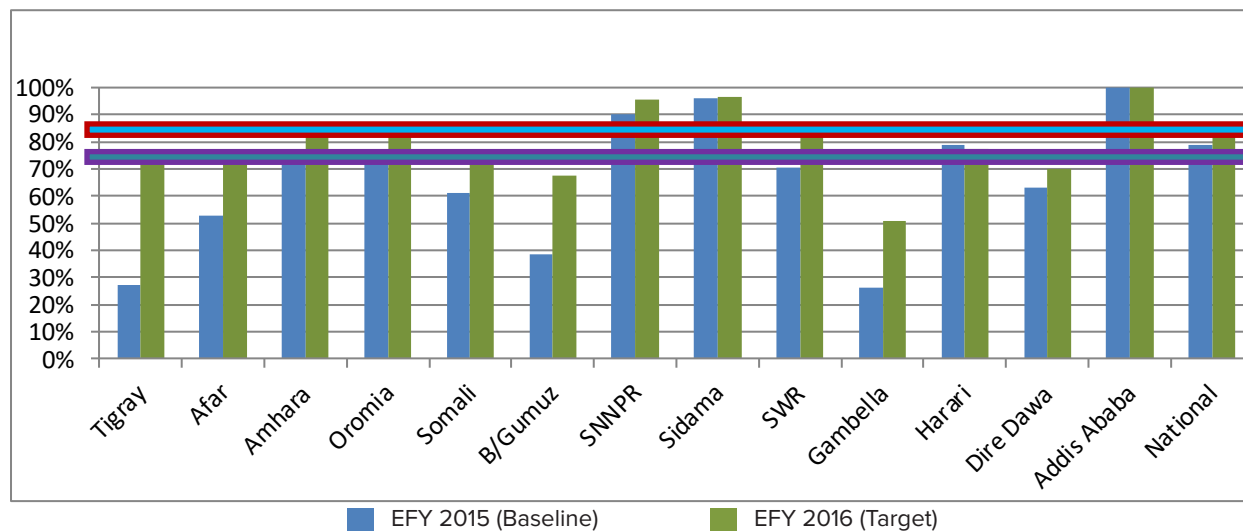


Table 4: Proportion of births attended by skilled health personnel, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Deliveries, EFY 2016		204,220	60,827	793,918	1,466,771	215,128	43,311	489,456	164,303	119,078	16,413	8,938	18,221	93,716	3,694,300
Number of Deliveries Attended by a Skilled Birth Attendant, EFY 2015	#	38,446	17,759	501,637	1,124,268	108,158	17,587	398,094	131,448	68,358	6,466	11,189	12,679	153,896	2,551,539
	%	32%	30%	64%	79%	51%	42%	82%	82%	59%	41%	100%	72%	100%	75%
Planned Number of Deliveries to be Attended by a Skilled Birth Attendant, EFY 2016	#	132,743	33,640	563,681	1,217,420	135,667	26,107	420,932	142,944	77,401	9,104	8,938	14,876	93,716	2,877,168
	%	65%	55%	71%	83%	63%	60%	86%	87%	65%	55%	100%	82%	100%	78%

Figure 2: Delivery Service by Skilled Birth Attendants, EFY 2016

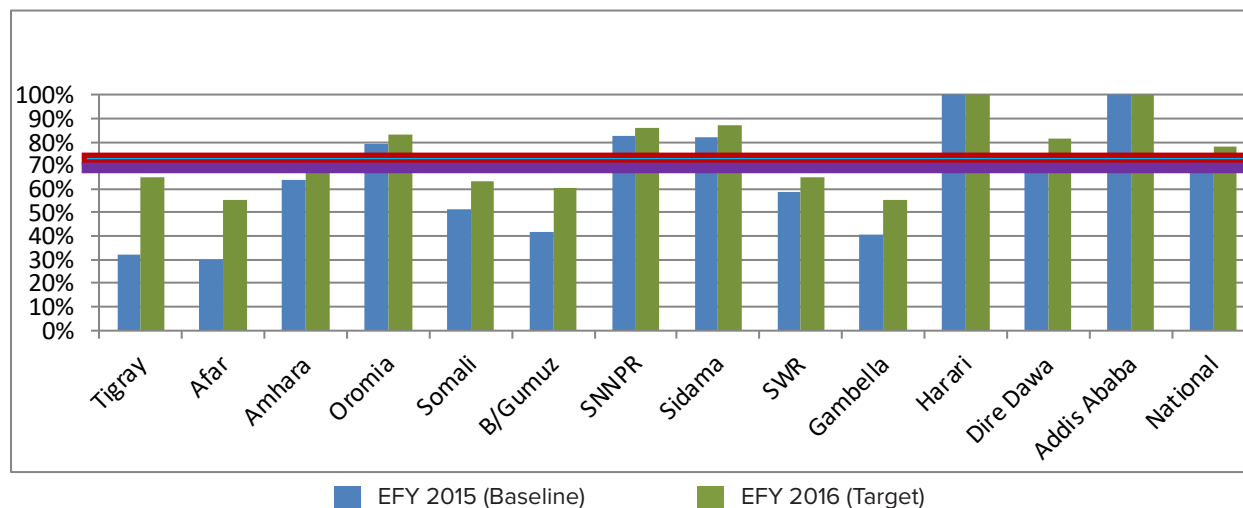


Table 5: Postnatal Care Coverage, EFY 2016

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National	
Eligible- Total Number of Expected Deliveries, EFY 2016	204,220	60,827	793,918	1,466,771	215,128	43,311	489,456	164,303	119,078	16,413	8,938	18,221	93,716	3,694,300	
Number of women who received early postnatal care, EFY 2015	#	39,643	25,357	666,478	1,377,334	107,197	19,785	487,501	165,441	91,476	6,338	10,202	11,888	157,886	3,126,883
	%	38%	43%	85%	97%	51%	47%	100%	100%	78%	40%	100%	67%	100%	92%
Planned number of women who received early postnatal care, EFY 2016	#	149,081	42,091	698,647	1,452,103	146,287	29,990	489,456	164,303	112,647	15,453	8,938	16,217	93,716	3,418,929
	%	73%	69%	88%	99%	68%	69%	100%	100%	95%	94%	100%	89%	100%	93%

Table 6: Number of women who receives comprehensive abortion services, EFY 2016

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of women receives comprehensive abortion services , EFY 2015	2,496	2,689	50,923	116,462	3,371	1,723	24,025	9,723	4,912	618	2,230	3,872	41,176	261,724
Number of women receives comprehensive abortion services, EFY 2016	20,422	6,083	79,392	146,677	21,513	4,331	48,946	16,430	11,908	1,641	894	1,822	9,372	369,430

7.1.1.3. Newborn and Child health

Targets

- ✓ *Increase proportion of under five children with pneumonia who received antibiotic treatment from 78% to 83%*
- ✓ *Increase proportion of asphyxiated newborns resuscitated and survived from 83% to 88%*
- ✓ *Increase proportion of sick young infants treated for very severe disease (VSD/ sepsis) from 33% to 60%*
- ✓ *Increase proportion of under five children with diarrhea who received ORS & Zinc treatment from 22% to 51%*
- ✓ *Increase proportion of health centers providing integrated Neonatal and child health care services from 90% to 95%*

Strategic initiatives and Main Activities

- **Strengthen equitable and quality service for Newborn and child health at the facility level**
 - Provide training to health professionals on NICU, NICU device management and ENC.
 - Organize and conduct consultative workshop with manufacturers and other relevant stakeholders to encourage local production of pediatric IV fluids
 - Organize and conduct national level consultative workshop on NICU device spare parts
 - Conduct advocacy to community on annual international premature birth day
 - Prepare an integrated KMC training material
 - Provide training on Kangaroo Mother Care (KMC), the use of chlorhexidine, and ENC to health science college instructors
 - Conduct ENC and NICU mentorship for Regions of health facilities with high Neonatal Mortalities in collaboration with stakeholders
 - Conduct awareness creation workshop on Neonatal Health care to different mass medias

- Procure and Distribute medical equipment to SLL project Implementation areas based on the findings of formative assessment
- Create a baby care package application that will be applied to mobile phones
- Provide technical support to strengthen responses system of perinatal mortality
- Prepare documentary films on KMC and ENC
- Provide technical support on antenatal corticosteroid implementation study planned to be done by University of Addis Ababa
- **Expand and strengthen an integrated new born and child health service at Primary health care unit (PHCU)**
 - Support and monitor to health facilities which provide Neonatal and child health services
 - Provide cascading training on the revised IMNCI
 - Support and monitor to selected health Science Colleges that provide IMNCI's training on undergraduate program
 - Conduct NICU mentorship in primary hospitals
 - Conduct rapid assessment on IMNCI performance and provide training to selected health professionals working in low performing Health Posts and Health Centers
 - Conduct consultation workshop with stakeholders on improving quality of IMNCI
 - Conduct consultative workshop on diarrhea with relevant stakeholders
 - Implement ORT corner to treatment of diarrheal diseases in PHCU including health posts;
 - Identify Health Centers with high birth rate and providing training on Essential New bore Care (ENC);
 - Identify primary hospitals with high infant mortality rates and provide training on Neonatal Intensive Care Unit (NICU)
- **Strengthen and expand early Childhood Growth and Development**
 - Approve and promote Early Childhood Development (ECD) training guide by HR;

- Provide ECD training to regions and federal institutions that have not started the service and monitor the cascading status;
 - Support and supervise to regions/health facilities that have begun ECD service
 - Conduct national level workshop/platform to participatory care at the community level by engaging parents and the community.
 - Conduct evaluations on the implementation of ECD program and share good experiences/best practices
- **Strengthen community base infant and child health service delivery**
 - Conduct awareness to community on provision of an integrated infant and child health services;
 - Conduct an integrated supportive supervision focused on ICMNCI at all regions
 - Forecast and quantify neonatal and child supplies for EFY 2017
 - Follow up the procurement and distributions of neonatal and child supplies for EFY 2016
 - Expand the implementation of ICMNCI program in districts where it is not expanded;
 - Identify low-performing health posts and provide training on revised ICMNCI guideline;
 - Provide orientation on to media professional on major killer diseases for neonatal and child ;
 - Work with relevant stakeholders to identify the level of disable children's
 - Conduct awareness creation on the right of children's in collaboration with the relevant stakeholders;
 - Provide financial support to region for implementation of integrated Community Neonatal and child health care;
 - Start ICMINCI service in the completed Comprehensive health posts for neonatal and children

Expand the implementation of eCHIs ICMNCI models to District which were not accessed

Table 7: Proportion of under-five children with pneumonia received antibiotic treatment, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of children < 5yrs, EFY 2016		233,876	65,236	861,505	1,875,259	190,429	55,477	596,330	200,179	145,079	21,050	10,598	18,670	77,706	4,351,394
Number of < 5 Children Received Pneumonia treatment in EFY 2015	#	56,297	36,941	642,271	1,653,012	113,864	30,037	354,082	96,520	101,751	7,116	7,783	11,080	61,598	3,116,055
	%	21%	58%	76%	91%	61%	56%	60%	49%	72%	35%	75%	61%	81%	78%
Planned Total number of < 5 children treated for pneumonia, EFY 2016	#	163,713	46,970	689,204	1,743,991	127,588	38,834	435,321	140,125	118,965	11,788	8,373	12,136	66,827	3,603,833
	%	70%	72%	80%	93%	67%	70%	73%	70%	82%	56%	79%	65%	86%	83%

Table 8: Proportion of Sick Young infants treated for sepsis, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of sick young infants 0-2 months with sepsis, EFY 2016		15,521	4,623	60,338	111,475	16,350	3,292	37,199	12,487	9,050	1,247	679	1,385	7,122	280,767
Number of sick young infants 0-2 months treated for sepsis in EFY 2015	#	1,445	925	14,055	36,258	8,535	302	12,565	4,596	3,054	308	764	414	3,792	85,568
	%	14%	20%	24%	34%	53%	9%	34%	38%	34%	25%	100%	31%	54%	33%
Planned number of sick young infants 0-2 months treated for sepsis, EFY 2016	#	8,692	2,404	33,186	72,458	10,300	1,646	21,203	6,993	4,977	686	679	762	5,342	169,328
	%	56%	52%	55%	65%	63%	50%	57%	56%	55%	55%	100%	55%	75%	60%

Table 9: Proportion of asphyxiated neonates who were resuscitated and survived, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of asphyxiated neonates , EFY 2015		20,422	6,083	79,392	146,677	21,513	4,331	48,946	16,430	11,908	1,641	894	1,822	9,372	369,430
Number of neonates resuscitated for birth asphyxia & survived in EFY 2015	#	1,356	368	7,536	26,781	2,089	523	4,506	849	961	85	184	281	3,398	47,651
	%	9%	59%	79%	88%	81%	85%	76%	84%	81%	49%	46%	74%	77%	83%
Planned number of neonates resuscitated for birth asphyxia & survived, EFY 2016	#	13,064	4,866	68,277	137,876	19,146	3,898	40,135	14,787	10,717	1,415	581	1,549	9,201	325,513
	%	72%	80%	86%	94%	89%	90%	82%	90%	90%	86%	65%	85%	98%	88%

7.1.1.4. Immunization

Performance Measure

- ✓ *Maintain 100% coverage of third dose Penta-valent vaccination*
- ✓ *Maintain 100% coverage of Measles 1 vaccination*
- ✓ *Increase coverage of rotavirus two vaccine immunization from 82% to 92%;*
- ✓ *Increase fully vaccination coverage from 97% to 98%;*
- ✓ *Increase coverage of cervical cancer vaccine immunization from 70% to 79%;*
- ✓ *Increase coverage of the 2nd dose of measles vaccine immunization from 73% to 81%*
- ✓ *Reduce defaulter rate of Penta-valent 1/ Measles 1 to 5%*
- ✓ *Increase the coverage of Covid 19 vaccine from 66.5% to 70%*
- ✓ *Reduce zero dose vaccination by 10%*

Strategic initiatives and Main Activities

- **Improve quality and equitable access of immunization services**
 - Provide uninterrupted quality immunization services in all health facilities
 - Integrate Covid -19 immunization with routine vaccination service and other basic health services;
 - Conduct vaccination campaigns in low-performing areas
 - Monitor to provide routine vaccination services by private health facilities;
 - Provide routine immunization services through PIRI by identifying low-performing Woredas
 - Provide catch-up vaccination to children who have not started vaccination and to those who have defaulted, according to national guidelines.
 - Provide cervical cancer prevention vaccine to women aged 9-14 years through a campaign.
- **Introduce and strengthen new vaccines in the routine vaccination program**
 - Initiate the second dose of IPV vaccine in the routine vaccination program

- Strengthen activities to introduce yellow fever and meningitis vaccines in routine vaccination program
 - Perform preliminary work to introduce malaria vaccine;
 - Initiate Hepatitis vaccine for infants into the routine vaccination program
 - Perform preliminary work to change the measles vaccine from 10 doses to 5 doses.
- **Strengthening cold chain maintenance, handling and use system of supplies required for vaccination services**
 - Conduct forecasting for vaccine supplies, allocate budget and monitor the procurement process. Facilitate the storage, management and distribution of vaccines and other resources;
 - Facilitate forecasting, procurement, inventory handling and distribution of cold chain equipment;
 - Establish a system to monitor the stock and distribution of vaccines
 - Procure spareparts and Prepare schedule for distribution
- **Enhance utilization of vaccination by improving community participation.**
 - Prepare messages regarding vaccine and disseminate using different methods
 - Conduct advocacy activities with stakeholders at all levels to strengthen immunization services;
 - Conduct community dialogue to increase community participation and sense of ownership in immunization services
 - Strengthening the immunization program using different events.
 - Identify and analyze positive and negative information circulating in the community about vaccination services and provide the necessary response.

- **Improve access to Covid 19 immunization services;**
 - Integrate Covid 19 vaccine with routine vaccination program and conduct campaign in selected areas.
 - Conduct forecasting, distribution and monitoring for quality Covid-19 vaccine supply
 - Expand Covid-19 vaccine information system in all woreda.
- **Strengthen quality epidemic surveillance & control activities, and vaccination program planning and decision-making;**
 - Analyze data on polio, measles and other vaccine-preventable diseases and integrate with Ethiopian Public Health Institute
 - Monitor the side effects of routine vaccine in collaboration with the Food and Drug Administration
 - Prepare the vaccine RED/REC Micro planning that will be done by the regions
 - Initiate data management of vaccine in selected health facilities
 - Integrating Covid-19 vaccine data and vaccine adverse event (AEFI) data with routine vaccine data through DHIS2.

Table 10: Pentavalent 3 Immunization Coverage, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2016		191,150	56,934	733,580	1,359,697	199,854	38,937	451,278	151,487	109,790	15,166	8,366	17,128	89,967	3,423,333
Pentavalent 3 Coverage EFY 2015	#	65,492	48,517	741,192	1,469,863	180,308	25,666	468,011	160,306	101,914	13,586	9,493	14,040	142,551	3,375,447
	%	46%	87%	100%	100%	92%	68%	100%	100%	95%	92%	100%	84%	100%	100%
Planned Number of surviving infants who have received pentavalent 3 vaccine , EFY 2016	#	183,504	55,226	733,451	1,357,365	197,856	37,379	451,278	151,474	109,790	15,166	8,366	16,614	89,967	3,407,436
	%	96%	97%	100%	100%	99%	96%	100%	100%	100%	100%	100%	97%	100%	100%

Table 11: Measles (MCV1) Immunization Coverage, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2016		191,150	56,934	733,580	1,359,697	199,854	38,937	451,278	151,487	109,790	15,166	8,366	17,128	89,967	3,423,333
Measles coverage, EFY 2015	#	79,249	45,799	704,940	1,386,639	162,992	26,521	451,070	152,800	96,575	11,869	8,800	13,324	135,091	3,196,420
	%	54%	82%	97%	100%	83%	70%	100%	100%	90%	81%	100%	80%	100%	100%
Planned Number of surviving infants who have received measles vaccine, EFY 2016	#	185,416	54,657	733,580	1,359,697	193,859	37,769	451,278	151,430	109,790	15,166	8,366	16,442	89,967	3,407,415
	%	97%	96%	100%	100%	97%	97%	100%	100%	100%	100%	100%	96%	100%	100%

Table 12: Pneumococcal conjugate vaccine (PCV3) immunization Coverage, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2016		191,150	56,934	733,580	1,359,697	199,854	38,937	451,278	151,487	109,790	15,166	8,366	17,128	89,967	3,423,333
PCV 3 coverage, EFY 2015	#	63,677	49,406	739,933	1,459,755	177,539	25,567	465,423	161,125	100,779	13,487	9,480	14,014	141,139	3,357,647
	%	45%	89%	100%	100%	91%	67%	100%	100%	94%	92%	100%	84%	100%	100%
Planned Number of surviving infants who have received PVC 3 vaccine, EFY 2016	#	181,593	55,796	733,580	1,359,697	199,854	37,769	449,209	151,474	109,790	15,166	8,366	17,128	89,967	3,409,386
	%	95%	98%	100%	100%	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%

Table 13: Rotavirus 2 immunization Coverage, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2016		191,150	56,934	733,580	1,359,697	199,854	38,937	451,278	151,487	109,790	15,166	8,366	17,128	89,967	3,423,333
Rota virus 2 coverage, EFY 2015	#	70,100	45,790	724,316	1,431,746	179,002	26,340	454,688	157,699	101,090	13,442	9,270	14,343	139,272	3,296,998
	%	48%	82%	100%	100%	92%	69%	100%	100%	94%	91%	100%	86%	100%	96%
Planned Number of surviving infants who have received Rota virus 2 vaccine, EFY 2016	#	159,419	48,394	733,580	1,359,697	189,862	28,034	451,278	151,487	106,496	14,407	8,366	15,244	89,967	3,356,231
	%	75%	85%	100%	100%	95%	72%	100%	100%	97%	95%	100%	89%	100%	98%

Table 14: Fully immunization coverage, EFY 2016

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National	
Eligible; ;Estimated number of surviving infants, EFY 2016	191,150	56,934	733,580	1,359,697	199,854	38,937	451,278	151,487	109,790	15,166	8,366	17,128	89,967	3,423,333	
Number of surviving Infants fully Immunized, EFY 2015	#	68,067	36,768	695,805	1,336,549	134,954	24,023	430,355	149,926	93,014	11,826	8,689	13,204	129,579	3,064,692
	%	45%	66%	96%	100%	69%	63%	97%	100%	87%	80%	100%	79%	100%	97%
Planned Number of surviving infants fully immunized, EFY 2016	#	158,323	46,172	733,580	1,359,697	165,831	34,848	451,278	151,389	108,544	15,166	8,366	14,761	89,967	3,337,922
	%	85%	81%	100%	100%	83%	90%	100%	100%	99%	100%	100%	86%	100%	98%

Figure 3: Fully Immunized, EFY 2016

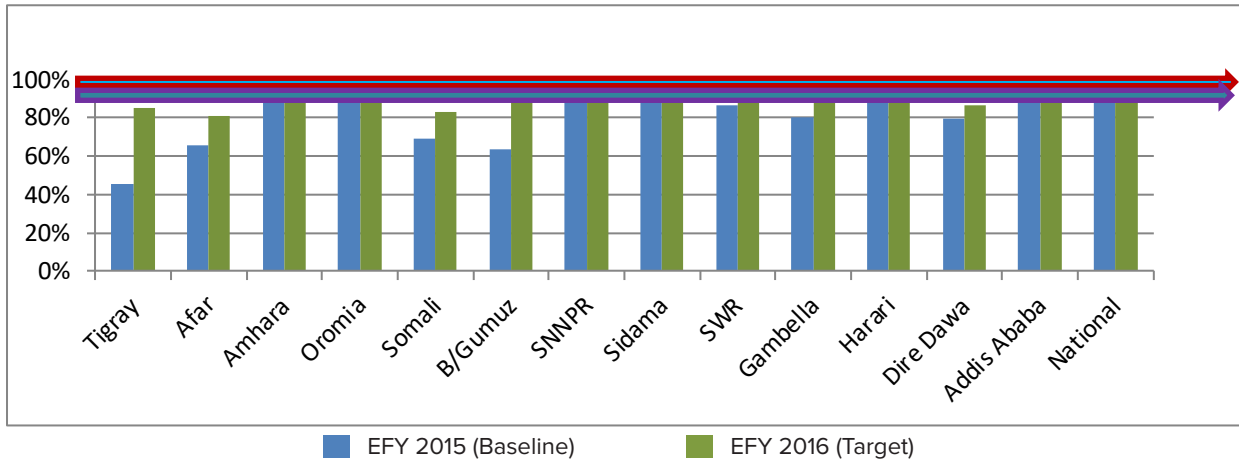


Table15: Proportion of infants protected at birth against neonatal tetanus (NNT), EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible; :Estimated number of live births, EFY 2016		204,220	60,827	793,918	1,466,771	215,128	43,311	489,456	164,303	119,078	16,413	8,938	18,221	93,716	3,694,300
Number of live births immunized for NNT, EFY 2015	#	61,694	34,958	735,763	1,459,631	123,247	26,827	482,389	163,617	105,172	13,483	9,611	14,042	145,682	3,314,422
	%	43%	59%	100%	100%	59%	64%	100%	100%	90%	85%	100%	79%	100%	93%
Planned Number of live births immunized for NNT, EFY 2016	#	169,237	58,182	793,918	1,466,771	139,833	30,318	489,456	164,303	116,190	14,444	8,938	15,488	93,716	3,560,792
	%	92%	96%	100%	100%	65%	70%	100%	100%	98%	88%	100%	85%	100%	96%

Table 16: Proportion of girls (14 year old) who has received HPV 2 Immunization, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible::Estimated number of girls 14 years old , EFY 2016		71,952	34,758	286,234	516,117	79,175	16,270	175,695	58,978	42,744	6,516	3,367	6,689	52,247	1,350,744
Number of girls 14 year old received HPV2 , EFY 2015	#	1,356	1,681	255,486	368,568	17,863	5,331	190,885	77,506	51,105	1,236	2,770	3,156	20,163	995,750
	%	2%	5%	91%	74%	23%	34%	100%	100%	100%	20%	84%	48%	39%	72%
Planned Number of girls 14 years old received HPV2, EFY 2016	#	56,321	17,088	274,763	485,113	52,412	14,358	175,695	58,978	42,744	5,672	3,367	6,689	22,371	1,215,571
	%	88%	49%	96%	94%	66%	88%	100%	100%	100%	87%	100%	100%	43%	90%

71.2. Nutrition

Targets

- ✓ *Maintaining 100% coverage of children aged 6-59 months who receive two doses of vitamin A capsules.*
- ✓ *Maintaining 100% coverage of children aged 24-59 months who have taken anti-intestinal parasite treatment pills twice a year.*
- ✓ *Increase proportion of children under 2 years who participated in Growth Monitoring and promotion from 63% to 76%.*
- ✓ *Maintain 100% coverage of pregnant mothers who take iron folate tablets more than 90 to prevent anemia.*
- ✓ *Increase the coverage of after 12 weeks of pregnant mothers who received deworming tablets from 55% to 74%.*
- ✓ *Maintaining 100% coverage of pregnant and lactating mothers who have access to nutrition services.*
- ✓ *Increasing the coverage of young people who have access to food services from 1% to 10%.*
- ✓ *Increases coverage of children under five years of age who have access to regular nutrition services from 77% to 88%.*
- ✓ *Increases SAM rate of children treated and cured from 92% to 95%.*
- ✓ *Increases MAM rate of children treated and cured from 75% to 85%.*
- ✓ *Reduce low-birth-weight babies from 12% to 8%*

Strategic initiatives and Main Activities

- **Strengthening activities to access and quality of adolescents, maternal, infants and young child nutritional services.**
 - Completion of nutritional guidelines for adolescents, mothers, infants and young children.
 - Implementation guidelines for prevention and control of micronutrient deficiencies, and training manuals for nutritional guidelines for adolescents and youths.

- Provide training and follow up on the trial implementation according to the guidelines for the implementation of the regional food system mentorship;
- Providing technical and financial support for TOT and cascading trainings on the prepared guidelines and IYCFE
- Provide training on BMS code of conduct (Baby food directive) for federal and regional regulatory bodies
- Celebrating World Breastfeeding Week with various events;
- Provide technical and financial support to train professionals working in hospitals in all regions to make health facilities suitable for breastfeeding.
- **Strengthen provision of food and nutritional services to vulnerable groups and patients due food-related communicable and non-communicable diseases:**
 - Prepare a consultation workshop with stakeholders to strengthen food and nutrition services to vulnerable groups of food-related communicable and non-communicable diseases
 - Prepare Control legal framework for the Unhealthy Foods and support to follow-up activities;
 - Conduct an assessment to ascertain availability of dietitians and clinical nutritionists in hospitals.
- **strengthen multi-sector coordinated management system to improve the implementation of food and nutrition strategy,;**
 - Complete preparation of the regulations for the establishment of System for Food and Food Council, propos and get approval on it;
 - Prepare an advocacy platform to top management on food and nutrition coordination at national level.
- **Coordinate and strengthen the implementation of nutrition-oriented activities;**
 - Create awareness to stakeholders on the importance of food fortification;
 - Develop and disseminate messages to raise awareness among the consumer community on importance of nutrient-rich foods;

- Distribute potassium iodate supply to salt processing factories engaged in the work of enriching salt with iodine based on the quota;
- Coordinate and monitor the performance of food-oriented activities carried out by all functional sectors.
- **Strengthen the access, coverage and quality of Acute Malnutrition prevention and Treatment Service.**
 - Provide financial and technical support monthly nutritional screening of children under five years of age and pregnant and lactating mothers.
 - Revise acute malnutrition treatment training manuals and continues professional development
 - Provide SC opening kit to health institutions that are identified as not providing medical treatment services to affected community by high food imbalances to start the services.
 - Prepare a psychosocial simulation standard tool for hospitals and health centers where inpatient services are provided.
 - Complete and promote a draft guide to help establish a Center of Excellence that provides integrated and standardized food services
 - Provide support and monitor for children and mothers affected by moderate food imbalance to be included rendering services in a regular health extension program.
 - Provide training of trainers (ToT) to 60 professionals in two rounds on guidelines for treatment of acute malnutrition.
 - Provide training of trainers (ToT) to 30 professionals on high and medium outpatient food imbalances (OTP, TSFP) treatment guidelines;
 - Perform preparatory work to launch the “Global action plan on the child wasting initiative” at national level based on international agreement.
- **Strengthening the prevention and response of food system risks associated with conflict and natural disasters**
 - Approve a simplified and combined approach to provide treatment for acute food imbalances in areas where food disasters associated with man-made and natural.

- Prepare a training manual and start the implementation after trial in selected Woredats;
 - Provide support and monitor for refugees and internally displaced people to get access to food and medical services.
 - Monitor and support food system to disasters areas related to conflict and nature by being present at the site
 - Provide professional support by participating in surveillance and responding to food system risks associated with man-made and natural disasters.
 - Conduct awareness creation to the community about food system risks associated with man-made and natural disasters.
 - Involve relevant institutions in the response to food system disasters that require a multifaceted response to man-made and natural disasters.
 - Provide support and monitor to ensure necessary medical and nutritional resources and materials are in place.
 - Providing capacity building training on food system risks associated with man-made and natural disasters.
- **Strengthen forecasting, procurement, stockpiling, distribution and utilization of food/nutrition supplies;**
 - Monitor and provide support regarding the distribution of SC and OTP required resources to the regions through the provision of partners.
 - Review the forecasting of nutritional supplies, identify the annual resource needs, initiate procurement and monitor the procurement process
 - Conduct necessary preparatory work with stakeholders for the transition of food system resource management to drug provider services.
 - Collaborate with concerned bodies' to introduced food system ingredients in the Essential Medicine List and closely monitor its performance.
 - Collaborate with relevant stakeholders and sector to prevent improper use of food resources

- Monitor implementation of the system in which food resources are provided to the community free of charge

Seqota Declaration Expansion

Targets

- ✓ *Increases number of woredas that report on scorecards from 214 to 400*
 - ✓ *Increases Community Lab from 39 to 63 woredas;*
 - ✓ *Increases Sekota Declaration Expansion to UNISE's and other information technology from 40 to 150 woredas*
- **Strengthen the implementation of Seqota Declaration Expansion Phase.**
 - Provide technical support in the implementation of agricultural training, demonstration and research (TDR-Training, Demonstration and Research) established by universities;
 - Provide technical and resource mobilization support to complete the implementation of Agricultural Innovation Technology Centers (AITEC) in the regions where it has started and to start it in the regions where it has not started;
 - Provide technical and financial support for implementation of community labs by regional and city administrations.
 - **Strengthen the implementation of stunting reduction project through multi-sector coordination;**
 - Monitor and provide technical support to the preparatory work of sub-projects that have not been put into operation (review design and research, review the tender documents, monitor payment transfer
 - Ensure and support that sub-projects where construction has been completed and have begun to provide desired services;
 - Prepare environmental and social impact documentation of sub-projects;
 - Support for timely payment of sub-projects under construction.

- **Strengthen communication and behavior change work to increase capacity building and community awareness;**
 - Promote and monitor the implementation guidelines for food and nutrition (the first 1000 days plus; multi-sector coordination implementation guidelines) and community behavior change communication guidelines at every level;
 - Develop and transmit messages to improve the nutrition of youths and adolescents through mass media, social media and other options;
 - Develop and print documents that help coordination of the multi-sectoral and Seqota declaration expansion of the implementation in collaboration with relevant stakeholders

- **Strengthen multi-sectoral and Seqota declaration/ commitment to support, monitor, evaluate, for ensuring the accountability and learning systems;**
 - Prepare of 2016 coordinated and budgeted multi-sector Woreda-wide plan;
 - Provide training of trainers to Regional states and federal sectors on multi-sectoral food and nutrition performance guidelines, and monitor and evaluate the frameworks;
 - Conduct data quality assessment on a multi-sectoral, Seqota declaration and food and nutrition,
 - Conduct workshop on EFY 2016 integrated and budgeted multi-sector Woreda-wide plan performance evaluation and recognition; and launch EFY 2017 plan workshop
 - Provide training in collaboration with regions and partner organizations to expand UNIS implementation in specific districts;
 - Conduct biannual evaluation for implementation of UNIS.

Table 17: Proportion of Children 6-59 Months of Age who received two doses of Vitamin A, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of children aged 6-59 months, EFY 2015		768,534	214,061	3,034,320	6,340,508	687,594	199,155	1,971,970	661,960	479,753	73,859	37,315	68,696	255,807	14,793,531
Number of Children 6-59 Months Received two doses of Vitamin A in EFY 2015	#	434,548	53,930	3,737,397	7,589,483	139,984	100,765	2,576,057	879,750	440,348	12,305	33,658	79,035	295,708	15,938,420
	%	60%	26%	100%	100%	21%	52%	100%	100%	94%	17%	92%	100%	100%	100%
Planned Total number of children aged 6-59 months who received a dose of Vitamin A supplementation, EFY 2015	#	730,107	212,671	3,034,320	6,340,508	673,842	199,155	1,971,970	661,960	479,753	73,859	37,314	68,696	255,807	14,739,961
	%	95%	99%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 18: Proportion of children 24-59 months of Age Dewormed Twice, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of children aged 2-5 years, EFY 2016		474,931	162,362	2,001,197	4,531,884	543,946	131,555	1,475,645	495,351	359,004	50,947	24,787	45,409	178,711	10,475,731
Number of Children 2-5 Years of Age Dewormed Bi-Annually, EFY 2015	#	372,263	28,736	2,363,797	5,100,366	112,068	61,144	1,821,417	598,154	275,611	11,022	21,530	55,092	157,652	10,606,589
	%	74%	18%	100%	100%	21%	48%	100%	100%	78%	22%	89%	100%	90%	100%
Planned number of children aged 2-5yrs who received 2nd dose of de-worming, EFY 2016	#	451,184	162,362	2,001,197	4,531,884	533,068	131,555	1,475,645	495,351	358,487	50,947	24,787	45,409	178,711	10,440,588
	%	95%	100%	100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 19: Proportion of children under 2 years of age who participated in Growth Monitoring and Promotion, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of children under 2 years age, EFY 2016		391,276	79,251	1,189,561	2,413,518	161,348	73,916	732,987	246,052	178,326	27,016	14,466	23,740	109,087	5,640,544
Number of Children under 2 Years of participated of GMP, EFY 2015	#	134,390	2,751	774,754	1,621,372	7,370	19,460	488,132	152,931	80,530	1,204	8,767	4,985	46,395	3,208,649
	%	24%	4%	66%	70%	5%	27%	68%	64%	46%	5%	62%	22%	43%	63%
Planned number of children who participated Growth monitoring, EFY 2016	#	254,330	48,848	904,067	1,930,815	86,150	48,045	608,379	201,763	98,079	12,157	10,415	12,345	65,452	4,280,846
	%	65%	62%	76%	80%	53%	65%	83%	82%	55%	45%	72%	52%	60%	76%

Table 20: Proportion of children under 5 years of age who participated in Growth Monitoring and Promotion, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of children under 5 years age, EFY 2016		866,207	241,613	3,190,759	6,945,403	705,294	205,471	2,208,631	741,404	537,330	77,962	39,253	69,149	287,798	16,116,274
Number of Children under 5 Years of participated of GMP, EFY 2015	#	663,762	21,520	1,855,755	4,529,228	69,968	58,906	1,239,301	408,107	141,089	6,869	19,454	12,376	89,951	8,452,525
	%	58%	100%	76%	74%	35%	55%	64%	58%	26%	47%	60%	130%	58%	68%
Planned number of < 5 years children who participated Growth monitoring, EFY 2016	#	665,774	240,625	2,792,609	6,357,116	505,767	179,006	1,975,052	679,929	449,157	77,962	38,563	63,359	186,022	14,210,942
	%	86%	100%	88%	92%	72%	87%	89%	92%	84%	100%	98%	92%	65%	88%

Table 21: Proportion of pregnant women received iron and folic acid supplements at least 90 plus, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible;:Estimated number of Pregnant women, EFY 2016		204,220	60,827	793,918	1,466,771	215,128	43,311	489,456	164,303	119,078	16,413	8,938	18,221	93,716	3,694,300
Number of Pregnant women who received iron & folic and supplementation , EFY 2015	#	84,481	39,813	766,808	1,721,765	141,420	30,215	595,245	184,500	111,739	13,144	15,024	14,652	152,573	3,786,898
	%	53%	67%	98%	100%	67%	72%	100%	100%	96%	83%	100%	83%	100%	94%
Planned number of pregnant women to receive iron & folic acid at least 90 plus, EFY 2016	#	158,833	50,535	785,978	1,466,771	154,888	37,754	489,456	164,303	115,773	14,444	8,938	17,829	93,716	3,559,217
	%	87%	83%	99%	100%	72%	87%	100%	100%	97%	88%	100%	98%	100%	96%

Table 22: Proportion of pregnant and lactating women (PLW) screened for acute malnutrition, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible;:Estimated number of Pregnant women, EFY 2016		204,220	60,827	793,918	1,466,771	215,128	43,311	489,456	164,303	119,078	16,413	8,938	18,221	93,716	3,694,300
Number of Pregnant women who screened for acute malnutrition , EFY 2015	#	155,609	39,813	766,808	1,721,765	141,420	30,215	595,245	184,500	111,739	13,144	15,024	14,652	152,573	3,786,898
	%	63%	67%	98%	100%	67%	72%	100%	100%	96%	83%	100%	83%	100%	100%
Planned number of pregnant women to screen for acute malnutrition, EFY 2016	#	196,051	60,575	793,918	1,466,771	212,977	43,311	489,456	164,303	119,078	16,413	8,938	18,221	93,716	3,683,727
	%	96%	100%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%

7.2. Improve disease prevention and control

7.2.1. Prevention and Control of HIV and Viral Hepatitis

Targets

- ✓ Increase the syphilis testing coverage among pregnant mothers from 72% to 83%
- ✓ Maintain 99% of HIV testing for pregnant and lactating mother
- ✓ Increase the percentage of HIV positive pregnant & lactating women who received ART from 77% to 93%
- ✓ Increase percentage of infants born to HIV-infected women receiving AZT+NVP from 56% to 78%
- ✓ Increase percentage of infants born to HIV-positive women who received a virological test within 12 months of birth from 72% to 84%
- ✓ Increase the coverage of Hepatitis B virus testing among pregnant mothers from 60% to 62%.

Strategic initiatives and Main Activities

- **Improve the coverage of HIV, Syphilis and Hepatitis B virus testing among pregnant women**
 - Conduct a one-time workshop with all stakeholders to improve coverage of HIV, Syphilis and HBV testing for pregnant and lactating women
 - Conduct kick-off meeting on Dual HIV and Syphilis testing for pregnant and lactating women
 - Conduct TOT training on dual HIV and Syphilis testing for 90 professionals
 - Provide comprehensive PMTCT TOT training to 50 trainees based on the revised PMTCT training manual
 - Organize an awareness creation forum on PMTCT for media professionals
 - Conducting Advocacy Visits in the remaining 2 regions to inform leaders and stakeholders about the program to prevent mother-to-child transmission of HIV and promote the EMTCT strategy.
 - Organize experience sharing visits among regions to get best experiences on PMTCT program

- Conduct orientation workshop with the relevant stakeholders on EMTCT validation.
- Follow the PMTCT supplies stock status and notify to regions.
- **Enhance ART treatment of syphilis and prophylaxis for Hepatitis B positive to pregnant and lactating mothers**
 - Provide a 5-day PMTCT mentorship training for 30 health professionals.
 - Conduct an outcome evaluation of PMTCT cohort monitoring in all regions.
 - Deliver MSG TOT training to 50 participants, including regional PMTCT coordinators and providers, to strengthen the MSG program.
 - Conduct joint supportive supervision on CQI and dashboard implementation in selected low-performing regions of the PMTCT program.
 - Perform supportive supervision visits to selected health facilities with data quality issues twice a year.
 - Organize an annual review meeting to assess the implementation of PMTCT in EFY 2015 and align plans for EFY 2016.
 - Provide refresher training on PMTCT indicators for health facility HMIS focal persons to improve data quality.
 - Analyze the PMTCT performance of regions using the dashboard and provide feedback.
 - Train 40 health workers to establish 20 additional POC viral load testing sites, supplementing the existing 50 sites.
 - Monitor POC VL testing health facilities to strengthen the VL testing service for HIV-positive pregnant and lactating women.
 - Finalize and print 3000 copies of the PMTCT desktop reference.
 - Complete a study on the Status of Lost to Follow-up (LTFU) of HIV-positive pregnant and lactating women and organize a dissemination workshop for stakeholders.
 - Conduct supportive supervision in conflict and drought-affected regions to improve PMTCT services.

- Provide PMTCT refresher training for 30 healthcare providers based on the findings of supportive supervision in conflict and drought-affected regions
- **Improve the coverage of prophylaxis and Early infant diagnosis for HIV exposed infants**
 - Conduct refresher training to health workers from existing POC EID sites for 3 days
 - Conduct workshop for 70 participants to review implementation of the previously prepared EID improvement plan
 - Provide training for health workers to scale up on 30 EID sites in addition to the 180 existing EID sites
 - Conduct awareness workshop with different stakeholders for 30 participants on HIV positive infant audit.
 - Conduct workshop to discuss on the denominator related issues of HIV exposed infants
 - Print the revised DBS request form in collaboration with partners.

Table 23: Proportion of pregnant women tested for syphilis, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Pregnancies, EFY 2016		194,009	60,827	793,918	1,466,771	215,128	42,445	489,456	164,303	119,078	16,085	8,938	18,221	93,715	3,682,893
Baseline-Number of pregnant women tested for syphilis, EFY 2015	#	8,607	24,302	590,054	1,218,888	95,383	14,819	378,828	104,099	42,893	6,897	10,215	18,150	188,178	2,691,706
	%	10%	10%	86%	86%	52%	48%	87%	66%	29%	56%	11%	100%	100%	76%
Planned Number of pregnant women tested for syphilis for EFY 2016	#	106,705	30,414	714,526	1,305,426	126,926	23,345	435,616	123,227	83,355	11,760	8,938	18,221	93,715	3,082,172
	%	55%	50%	90%	89%	59%	55%	89%	75%	70%	73%	100%	100%	100%	84%

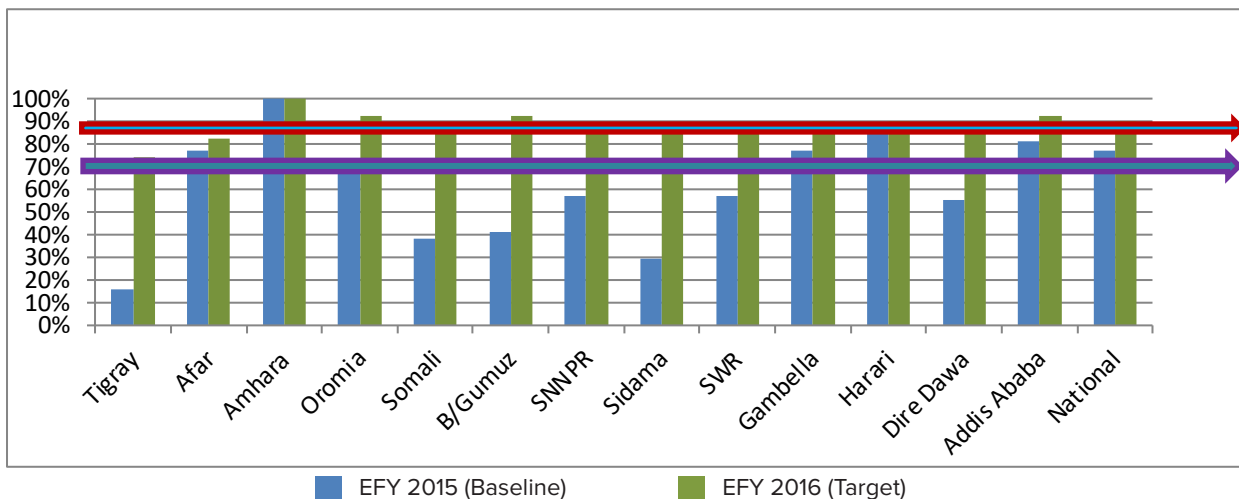
Table 24: Percentage of pregnant, laboring and lactating women who were tested for HIV and who know their status, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total number of pregnant women that received antenatal care at least once, EFY 2016		204,220	60,827	793,918	1,466,771	215,128	43,311	489,456	164,303	119,078	16,413	8,938	18,221	93,716	3,694,300
Number of pregnant women counseled & Tested for HIV, EFY 2015	#	21,261	34,149	704,138	1,562,499	94,509	22,882	454,338	169,527	81,084	12,504	18,712	18,726	184,431	3,357,499
	%	18%	57%	90%	100%	45%	54%	94%	100%	70%	79%	100%	100%	100%	99%
Planned number of pregnant women tested and know their status, EFY 2014	#	194,009	59,611	785,978	1,466,771	204,372	41,146	489,456	164,303	115,506	16,085	8,938	18,221	93,716	3,658,110
	%	95%	98%	99%	100%	95%	95%	100%	100%	97%	98%	100%	100%	100%	99%

Table 25: Percentage of HIV positive pregnant & lactating women who received ART, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total number of Expected HIV Positive pregnant mothers, EFY 2016		3,042	289	4,209	4,112	258	288	878	907	521	552	86	177	1,938	17,257
Number of HIV+ pregnant women received ARV in EFY 2015	#	82	226	4,531	3,046	98	122	519	258	297	430	77	101	1,654	11,359
	%	15%	77%	100%	72%	38%	41%	57%	29%	57%	77%	85%	55%	81%	77%
Planned Number of HIV+ women received ARV in EFY 2016	#	2,677	269	4,209	3,824	227	265	773	798	464	497	77	150	1,783	16,013
	%	88%	93%	100%	93%	88%	92%	88%	88%	89%	90%	90%	85%	92%	93%

Figure 4: HIV + Pregnant Received ART, EFY 2016



7.2.2. HIV prevention and Control other than PMTCT

Targets

- ✓ *Increase proportion of adult and children living with HIV who knew their HIV status from 84% to 94%*
- ✓ *Increase proportion of children living with HIV who knew their HIV status from 40% to 65%*
- ✓ *Increase proportion of adults and children receiving ART from 95 % to 96%*
- ✓ *Increase proportion of children receiving ART from 50 % to 73%*
- ✓ *Reach 92% of adults and children with HIV viral load testing coverage*
- ✓ *Maintain the percentage of people receiving antiretroviral therapy with viral suppression below 1000 ml at 96.3%*
- ✓ *Increase percentage of people receiving antiretroviral therapy with viral suppression below 1000 ml from 92% to 95%*
- ✓ *Increase number of target populations who are screened for Viral hepatitis B & C from 196,229 to 241,852*
- ✓ *Reach 51,000 people with hepatitis C testing and know their status*
- ✓ *Increase proportion of patients treated for hepatitis from 3,572 to 6,776*
- ✓ *Reach 61,413 OVCs with educational materials, nutrition and financial support*
- ✓ *Increase number of PLHIV on ART who got nutritional support Plumpy nut from 24,075 to 33,475*
- ✓ *Increase number of clients who received STI treatment from 207,627 to 478,011*

Strategic initiatives and Main Activities

- **Strengthen partnership and collaboration**
 - Conduct quarterly National HIV/AIDS Advisory group meeting
 - Establish CSOs and FBOs HIV prevention forum
 - Develop Community Led Monitoring (CLM) implementation manual
 - Conduct media tour in selected key sectors/project sites with engagement of media forum members

- Provide training on Mainstreaming
- Conduct bi-annual performance review meeting on HIV/AIDS mainstreaming with federal government sector forum
- **Strengthen and scale up HIV prevention activities targeting Key and priority populations**
 - Develop and print different training and implementation manuals
 - Provide training on peer to peer learning manual
 - Produce and broadcast messages tailored to Key & Priority Population (KPP)
 - Provide TOT training for health professionals working in KPP friendly clinics
 - Provide HIV testing service for KPPs
 - Conduct social mobilization activities with relevant stakeholders and commemorate of 2023 World AIDS day (WAD)
 - Conduct rapid assessment on implementation of In school and Out of school adolescent and youth HIV prevention interventions program
 - Conduct a consultative workshop with stakeholders working in refugee camps
 - Print peer to peer learning manual of people with disability
 - Develop a national social mobilization/ strategy document
 - Distribute quality condom
 - Reach people with injecting drug (PWID) with behaviour change communication and other HIV prevention services
 - Jointly work with different stakeholders and strengthen the relationship
- **Enhance HIV prevention biomedical activities and increase access.**
 - Prepare and broadcast/transmit SBCC/TV & radio messages tailored to local language to increase infant and male adult circumcision in Gambella region
 - Prepare and distribute leaflets/brochure and posters tailored to local language to increase infant and male adult the circumcision in Gambella region

- Conduct supportive supervision on VMMC
- Conduct awareness creation workshop on VMMC to HEWs, Media professionals and School administrators
- Conduct formative rapid assessment to explore the current implementation status of PrEP
- Conduct consultative meeting based on the findings of the PrEP
- Develop and disseminate TV and Radio spot messages on PrEP demand creation
- Revise PrEP treatment implementation manual
- **Strengthen screening and treatment of sexually transmitted diseases**
 - Disseminate TV and radio spots on STIs prevention and control
 - Conduct ToT training on syndromic management of STIs for health professionals
 - Conduct validation study on the effectiveness STI treatment
- **Strengthen identification and implementation of HIV testing innovative approaches to achieve the 1st 95 target**
 - Increase the overall case finding performance and by using different innovative approaches
 - Enrol HIV positive clients in to HIV care
 - Providing TOT training for RHB professionals on HTS.
- **Strengthen ART services to achieve the 2nd 95**
 - Implement quality adult HIV care & treatment service in all regions
 - Implement, monitor and support Differentiated HIV services Delivery (DSD) in all HFs which are providing ART services in all regions
 - Support and Follow the implementation of the Clinical mentorship activities in all regions
 - Implement capacity building activities to improve the competence/capacity of HIV program managers

- Implement quality improvement activities in all regions
- Provide nutritional support for PLHIV
- Ensure the implementation TB/HIV prevention collaborative activities in all regions
- **Improve testing coverage, care & treatment of Children & adolescents Living with HIV**
 - Implement Pediatric HIV testing, care and treatment service
 - Implement quality children/ Pediatric HIV care & treatment service in all regions
 - Support the optimization of Pediatric ART of 10mg DTG
 - Implement and scale up the Adolescent Psychological support (APSS) based DSD model in all regions
 - Create awareness for children and adolescents on HIV
- **Strengthen the integration of HIV care and treatment service with other programs**
 - Conduct follow-up for the provision of medical treatment to PLHIV who need immediate food/nutritional support
 - Conduct supportive supervision on mental health and NCD
 - Provide Mental Health Illness TOT training for HCWs working in HIV care and treatment
 - Follow the implementation status of cervical cancer screening for Women Living with HIV
 - Ensure the implementation TB/HIV prevention collaborative activities
- **Strengthen Viral load suppression and testing service to achieve the 3rd 95 in Adults and children**
 - Monitor and support the third line ARV service
 - Prepare and transmit TV/Radio spot message to increase viral load testing coverage
 - Follow the implementation of viral load testing according to the plan

- **Strengthen the viral hepatitis prevention, diagnoses and treatment services**
 - Celebrate world hepatitis day through panel discussion
 - Prepare and follow the transmission of TV/Radio Spot message on Viral hepatitis
 - Ensure the distribution of Viral hepatitis screening and treatment kits
 - Provide TOT training on comprehensive viral hepatitis screening, diagnose and treatment for regional level HCWs
 - Conduct a workshop to discuss on viral hepatitis related updates and challenges
 - Conduct performance review meeting and provide feedback on viral hepatitis implementation status
 - Perform national level viral hepatitis related assessment to know the prevalence of the disease

- **Ensure HIV service improvement in PEPFAR/CDC transition regions, NDFE and FPC**
 - Follow DATIM data entry, cleaning and provide feedback accordingly
 - Conduct tableau software training for transition regions, NDF and FPC

- **Reduce Stigma and Discrimination**
 - Conduct assessment to explore policy and regulatory environment barriers related to stigma and discrimination
 - Develop and distribute training manual for health care providers and facilities on non-discrimination, duty to treat, informed consent and confidentiality, violence prevention and treatment
 - Conduct consultative workshop to facilitate the provision and access of HIV/AIDS related services for PLHIVs and KPPs
 - Conduct ToT of training for regional program people on legal framework and implementation manual
 - Conduct capacity building training for PLHIV Associations on combination HIV prevention program

- **Improve the availability and accessibility of the HIV and Viral Hepatitis diagnostic and treatment supply**
 - Follow the availability and distribution of rapid HIV test kits
 - Implement the annual HIV commodity related quantification and forecasting in collaboration with relevant stakeholders/respective LEOs
 - Follow and support the procurement of Viral hepatitis related commodities (RTKs, VL reagents & drugs)
 - Ensure the availability of adequate STI commodities
 - Support the procurement and distribution of chemistry, haematology and CD4 machines
 - Follow and support the availability and distribution of plumpy nut for 23,243 PLHIV who are in need of food
- **Improve monitoring and evaluation of HIV, STI and Viral Hepatitis prevention and control programs**
 - Implement HIV/AIDS & VH prevention and control activities
 - Improve the data quality of HIV & Viral hepatitis services
 - Conduct support supervision on GF program implementation in all regions/city administrations and indigenous organizations
 - Conduct DQA in in all regions and city administrations
 - Support and follow war affected regions on HIV &VH program implementation

Table 26: Percentage of people living with HIV who know their status, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Number of Expected HIV+, EFY 2016	#	47,717	10,919	165,955	158,152	7,079	6,249	33,401	24,306	14,315	13,395	5,580	11,096	112,185	610,349
Number of people who know their HIV status in EFY 2015	#	43,204	6,160	151,659	128,873	2,669	4,401	27,237	11,477	11,673	9,221	5,162	7,610	106,447	472,589
	%	91%	44%	93%	79%	31%	65%	78%	45%	78%	61%	72%	65%	97%	84%
Planned Number of people who know their HIV status, EFY 2016	#	46,254	7,881	163,299	144,825	4,439	4,966	30,345	17,553	12,873	12,085	5,490	9,316	111,608	570,934
	%	97%	72%	97%	92%	63%	79%	91%	72%	90%	90%	98%	84%	99%	94%

Table 27: Number people living with HIV receiving ART, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of PLHIV receiving ART in EFY 2015	#	7,491	5,532	157,863	137,482	2,516	4,719	30,436	11,295	8,838	10,254	4,221	7,320	113,864	465,851
Planned Number of PLHIV planned to receive ART, EFY 2016	#	36,879	2,102	145,491	142,953	160,246	4,795	19,715	14,405	14,665	9,403	900	8,850	75,139	635,542

Table 28: Percentage of ART clients with viral load test in the past 12 months with suppressed viral load, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Number of Ex-pected HIV+ starting ART, EFY 2016	#	39,548	6,738	139,620	123,826	4,246	25,945	15,008	11,006	10,333	4,694	3,795	7,965	95,425	488,149
Number of ART clients with viral load test in the past 12 months, in EFY 2015	#	2,047	3,986	132,096	76,877	1,568	1,848	18,305	8,933	4,576	6,280	3,788	6,249	85,502	350,008
	%	8%	95%	96%	96%	97%	96%	95%	97%	95%	96%	96%	96%	97%	96%
Planned Number of ART clients with viral load test in EFY 2016	#	37,966	6,469	134,035	118,873	4,076	24,907	14,408	10,566	9,920	4,506	3,643	7,646	91,608	468,623
	%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

Table 29: Number of STI cases managed, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of STI cases managed , EFY 2015	#	5,553	928	59,654	80,217	928	1,749	13,678	6,593	976	1,448	393	1,842	33,668	202,074
Number of STI cases managed , EFY 2015	#	18,963	3,970	58,520	316,371	37,104	1,036	8,928	2,975	2,156	1,907	2,432	2,546	21,104	478,011

7.2.3. Prevention and Control of Tuberculosis, and Leprosy

Targets

- ✓ *Maintain TB detection rate to 94%;*
- ✓ *Increase community TB detection rate from 18% to 21%;*
- ✓ *Increase TB detection rate in children from 10.3% to 12% from all the incidence of TB cases and ensure that all those identified receive treatment.*
- ✓ *Increase TB cure rate from 84% to 89%*
- ✓ *Increase TB Treatment Success Rate (TSR) from 96% to 97%*
- ✓ *Increase the rate of treatment completion of patients with drug resistant TB from 81% to 85%*
- ✓ *Increase the Drug Resistance Tb Identification Rate from 51% to 60%*
- ✓ *Increase TB identification and treatment rate in private health facilities from 17% to 20%.*

Strategic initiatives and Main Activities

- **Strengthen community-based TB prevention and control**
 - Prepare and distribute 2000 copies of booklet on the annual Leprosy day;
 - Distribute spot messages on radio and television on the prevention and control of TB, leprosy and other lung diseases;
 - Provide awareness training on tuberculosis and leprosy to 50 public relations and communication professionals from for mass media and development institutions;
 - Celebrate World Leprosy Day in conjunction with the annual Leprosy Research Conference;
 - Coordinate World TB Day with the annual TB Research Conference;
 - Ensure utilization of 13,200 copies of referral form for people with TB symptoms and 3,000 copies of community-based implementation guidelines;
 - Provide training on TB and leprosy program for the health extension workers;
 - Support the implementation of four mobile TB identification services in pastoral areas in Afar, Somalia and Oromia;

- Integrate TB prevention and control program with the school health program and implement in 46 schools;
 - Conduct monitoring & evaluation on TB prevention & control service of 50 civil society organizations and non-governmental organizations;
 - Support TBL catch up screening campaign in 200 woredas with high TB prevalence;
- **Improve integration of TB/HIV and other disease prevention;**
 - Provide full access to HIV screening for all TB patients;
 - Start ART for all patients tested positive with HIV while on TB treatment;
 - Ensure hospitals and health centers to provide quality TB detection in all their service delivery points;
 - Conduct supportive supervision in all regions and selected health facilities.
- **Strengthen and improve Tb identification and treatment coverage for pediatrics;**
 - Support pediatrics TB prevention & control program, service provision and strengthen the health systems in the regions;
 - Provide training on prepared WHO guidelines on TB pediatrics and adolescents;
 - Conduct awareness creation training for 200 experts to strengthen Tb identification and coordination of service in children ;
 - Share the results of 3 research finding in children to strengthen Tb identification;
 - Regularly monitor individuals who have been in contact with TB-positive patients and ensure they receive appropriate TB prophylaxis treatment services.
 - Conduct TOT training sessions for 140 professionals to become trainers on the Comprehensive LTBI treatment manual.
 - Prepare and distribute a TPT dosage chart and Job aid for TB preventive treatment (TPT) to all regions.
 - Develop and disseminate information on TB preventive treatment services (LTBI).
 - Organize a clinical seminar for 70 doctors from territorial hospitals.

- Provide TB preventive treatment services for individuals who are more vulnerable to TB.
- **Strengthen TB prevention and control services by utilizing high-quality data and incorporating research findings;**
 - Provide TOT training on TBL monitoring and evaluation, as well as a training manual.
 - Implement program supportive supervision and conduct data quality assurance (RDQA).
 - Provide monthly data analysis and feedback to regions, along with quarterly plan-performance analysis.
- **Strengthen the logistics management of TB and Leprosy:**
 - Ensure the availability of drugs and diagnostic resources for 114,327 adult and 12,703 children with TB patients, as well as 75,241 individuals receiving TB preventive therapy.
 - Ensure the availability of drugs and diagnostic resources for the treatment of 843 new and drug-resistant TB patients, including medications to manage opportunistic infection.
 - Ensure the supply of leprosy medicines for 4000 patients and monitor their distribution.
 - Conduct forecasting of drug for TB, MDR- TB, and leprosy diagnosis and treatment.
 - Review and monitor the procurement status and distribution of resources.
- **Strengthen prevention and control of drug-resistant TB:**
 - Implement community-based TB care in selected Woreda
 - Monitor, expand, and update the implementation of the DR-TB tracker
 - Provide capacity building for health professionals and offer monitoring and support to regions and health institutions
 - Provide quality drug-resistance TB treatment

- **Strengthen TB prevention & control activities in private health facilities and other non-government health facilities:**
 - Promote public-private mix TB prevention & control on the PPM-TB model with regions and other stakeholders
 - Identify 727 private health facilities to incorporate in PPM-TB model
 - Conduct training on clinical management of TBL for doctors in 900 PPM-TB health facilities
 - Conduct workshop with regions to launch and start referral directory
 - Publish and distribute ten types of 900 copies of monitoring and evaluation tools
 - Prepare and conduct platform for joint review of cross-border TB
 - Strengthen the TB prevention & control program in prisons.

- **Improve and strengthen utilization of Global Fund for TB program;**
 - Timely distribute and disburse finance to the regions
 - Ensure timely submission of program-related activities of financial expense and documents to the Minister of Health
 - Prepare and submit quarterly reports on program activities to relevant stakeholders

- **Strengthen prevention and control of other lung diseases;**
 - Identify selected health facilities that provide treatment for saviors lung diseases
 - Conduct a baseline survey to assess the burden of post-TB lung disease, COVID-19, and other lung diseases in the country
 - Develop guidelines for identifying other lung diseases
 - Assess the coordination of services for asthma and chronic respiratory diseases with other diseases
 - Prepare leaflet for the awareness creation of other lung disease

- **Expand and strengthen screening and diagnosis services for tuberculosis and leprosy**
 - Expand and enhance GeneExpert diagnostic services
 - Expand and strengthen TB microscopic diagnostic services
 - Provide laboratory services for TB diagnosis through culture and drug susceptibility testing /DST/
 - Integrate external quality control for TB and Malaria
- **Strengthen coordination of the prevention & control of Tb, leprosy, and other lung diseases at all levels**
 - Provide training on TB and leprosy prevention and control to leaders and experts in Zonal Health Departments and Woreda Health Offices
 - Coordinate health activities with non-health sectors and partners
 - Implement TB prevention & control activities in high-risk TB hotspot areas

Prevention and control of leprosy

Targets

- ✓ *Increase leprosy identification rate from 83% to 87%*
- ✓ *Increase successful completion rate of leprosy treatment from 86% to 92%*
- ✓ *Maintain leprosy identification rate at 97%*
- ✓ *Reduce grade II disability rate due to leprosy from 11% to 7%*
- ✓ *Reduce leprosy incidence rate of children from 7% to 6%*

Strategic Initiatives and Major Activities:

- **Strengthen leprosy eradication efforts**
 - Perform community-wide leprosy eradication activities
 - Conduct diagnosis, treatment, and care for leprosy patients
 - Perform activities to strengthen rehabilitation centers to provide services for severely disabled leprosy patients
 - Conduct prevention activities to reduce stigma and involve individuals with previous exposure to the disease
 - Establish an efficient system for distributing logistics for leprosy
 - Conduct a national survey to assess prevalence of leprosy

Table 30: TB case detection rate(All forms), EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Number of Expected TB cases, EFY 2016		8,252	2,946	32,746	58,755	9,463	1,765	19,663	6,601	4,784	760	402	787	5,591	152,515
TB Case Detection Rate (Smear positive) in EFY 2015	#	1,857	2,892	23,256	55,792	8,473	943	15,953	9,404	3,829	1,386	939	2,028	9,721	134,616
	%	35%	100%	76%	100%	96%	58%	87%	100%	86%	100%	100%	100%	100%	94%
Planned Number of new TB cases Detection (all forms),EFY 2016	#	6,189	2,946	29,472	58,755	9,084	1,236	17,893	6,589	4,401	760	402	787	5,591	144,106
	%	75%	100%	90%	100%	96%	70%	91%	100%	92%	100%	100%	100%	100%	94%

Table 31: TB Treatment Success Rate, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
TB Treatment Success Rate in EFY 2015	EFY 2015 (Baseline)	40%	91%	95%	97%	88%	93%	96%	97%	92%	87%	99%	91%	93%	96%
Planned TB Treatment Success Rate for EFY 2016	EFY 2016 (Target)	88%	95%	96%	98%	96%	97%	97%	99%	96%	90%	100%	97%	96%	97%

Table 32: TB Treatment Cure Rate, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
TB Treatment Cure Rate in EFY 2015		35%	46%	88%	87%	55%	63%	83%	85%	70%	54%	98%	78%	84%	84%
Planned TB Treatment Cure Rate for EFY 2016		78%	83%	95%	95%	85%	85%	95%	93%	85%	80%	100%	90%	91%	89%

7.2.4. Prevention and Control of Malaria

Targets

- ✓ *Reduce the rate of new malaria incidence rate from 38/1000 to 12/1000*
- ✓ *Reduce malaria mortality from 0.32/1,000,000 to 0.25/100,000*
- ✓ *Spray anti-malaria mosquito chemicals in 1.2 million selected houses in malarial areas*
- ✓ *Distribute 2,934,333 mosquito net and maintain 100% coverage*
- ✓ *Achieve 75% malaria elimination in the woreda implementing elimination program*

Strategic initiatives and Main Activities

- **Enhance community awareness on malaria prevention and control, as well as other vector-borne diseases**
 - Communicate malaria messages through national mass media channels accessible to the public
 - Allocate budget support for regions to broadcast malaria eradication messages on television and radio
 - Conduct awareness activities and mobilization using mobile vans in hard-to-reach areas with high malaria prevalence
 - Foster coordination and partnership among education, agricultural sectors, and religious leaders to strengthen community mobilization in malaria eradication
 - Conduct advocacy workshops to gain support from political leadership in regions, zones, and Woredas newly engaged to malaria elimination
- **Improve research and medical services for malaria**
 - Provide quality malaria diagnosis and treatment services in both private and public health facilities
 - Procure and distribute malaria diagnostic supplies and medications as per the requirement in the fiscal year
 - Deliver malaria diagnosis and treatment services in development corridors

▪ **Strengthen malaria and Arbo viral mosquito control activities**

- Conduct additional studies on newly emerging vectors
- Procure and distribute bed nets to the community
- Identify malaria breeding sites and conduct chemical spray to control the disease
- Provide training on integrated malaria programs and mosquito control
- Promote and advocate guidelines for mosquito control programs to stakeholders

Table 33: Number of LLINs Distributed, EFY 2016

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	National	
Eligible - Number of HHs in targeted villages, EFY 2016	2,925,118	342,154	3,465,295	5,318,833	830,205	359,964	2,768,901	407,765	403,232	118,935	58,930	99,394	17,098,727	
Planned Number of HHs with at least one LLINs in targeted villages in EFY 2016	#	2,110,011	340,884	2,881,588	4,922,596	607,450	353,498	2,592,301	327,780	300,763	117,023	58,930	65,726	14,678,550
	%	72%	100%	83%	93%	73%	98%	94%	80%	75%	98%	100%	66%	85.8%

7.2.5. Prevention and Control of Neglected Tropical Diseases

Targets

- ✓ *Identify and distribut Ivermectin to all 243 onchocerciasis endemic Woredas twice a year and increase the performance from 82% to 84%*
- ✓ *Conduct program assessment to increase percentage of Woredas stop MDA and start PTS from 11% to 21%*
- ✓ *Increase Lymphatic filariasis Mass drug administration coverage to 65% in 47 flariasis susceptible woredas*
- ✓ *Provide Bilharzia treatment in 219 woredas for 8.5 million school age children*
- ✓ *Conduct first round intestinal parasite MDA in 572 woredas to treat 36 million school age children, adolecent and women of reproductive age groups*
- ✓ *Conduct trachoma MDA in 285 Woredas*
- ✓ *Maintain zero human guinea worm cases and reduce animal infection from 1 to zero*
- ✓ *Provide TT surgery for 132,731 persons and reduces the number from 220,000 to 88,000*
- ✓ *Provide treatment for 2,125 visceral leishmaniasis patients and increase treatment providing facilities from 30 to 32.*
- ✓ *Reduce VL case fatality rate from 3.7% to 2%*

Strategic initiatives and Main Activities

- **Strengthen trachoma prevention and control activities.**
 - Develop plan of action (POA) for prevention and eradication of trachoma;
 - Conduct MDA for trachoma 285 Woredas and 6 refugee camps in each region;
 - Conduct MDA for children from 6 months to 9 years of age in low performing 12 woredas in addition to the routine drug administration
 - Conduct periodic trachoma surveys in 181 woredas and surveillance surveys in 55 woredas;
 - Provide TT surgery for 132,731 people;
 - Provide TT surgery for 204 new professionals and refreshment training for 261 professionals;

- Start and strengthen TT surgery relapse treatment service by providing training to 109 professionals;
- Conducting three community based surveys in trachoma eradication woredas
- **Strengthen onchocerciasis eradication activities**
 - Provide onchocerciasis MDA in 243 Woredas;
 - Provide MDA for 20.1 million people twice a year;
 - Conduct disease surveillance study in 10 woredas with no prevalence studies;
 - Conduct a survey in selected 20 Woredas to determine MDA effectiveness;
 - Provide supportive supervision in 31 post- drug administration survey woredas;
 - Conduct annual Onchocerciasis conference;
 - Prepare Skin NTDs and training for laboratory technicians manuals.
- **Strengthen prevention, control and elimination of infectious and non-infectious Lymphatic filariasis.**
 - Conduct annual community-based MDA;
 - Provide training for health professionals in treatment service providing facilities;
 - Conducting disease surveillance for woredas which completed 5 rounds MDA;
 - Develop and advocate survey protocol;
- **Strengthen of leishmaniasis prevention and control activities.**
 - Expand and strengthen leishmaniasis diagnosis and treatment providing facilities;
 - Provide treatment to 2,125 VL and 2,000 Cutaneous leishmaniasis patients;
 - Procurement Sodium Stibogluconate (SSG) for CL treatment;
 - Provide training for health professionals in leishmaniasis diagnosis and treatment providing facilities;
 - Identify and provide screening/preventive service for vulnerable communities/ people in conflict areas;
 - Use new digital options for data collection and quality control.

- **Strengthen eradication and prevention of guinea worm, bilharzia and intestinal parasitic diseases.**
 - Enhance surveillance activities on humans and animals;
 - Conduct vector control activities through spraying chemicals and clean water supply;
 - Provide Bilharzia MDA for 5-14 age group in all vulnerable woredas;
 - Provide Intestinal parasitic disease MDA to 75% of the total population in all vulnerable woredas;
 - Distribute bilharzia and intestinal parasites drugs to all weredas for MDA;
 - Conduct Bilharzia and Intestinal parasites control disease surveillance to support drug use.

- **Strengthen the coordination of sectors on WASH and control of tropical diseases;**
 - Provide training to strengthen integrated WASH and Tropical disease control;
 - Promote WASH activities to get attention from senior level management;
 - Support health education activities implemented in schools;
 - Strengthening technical groups established at the regional level to support data management and implementation of policies and guidelines;
 - Conduct scabies preventing and controlling activities;
 - Expand information-based community and school WASH infrastructure.

7.2.6. Prevention and Control of Non-Communicable Diseases, and Mental Health Services

Targets

- ✓ Increase pre-cervical cancer screening for women age 30-49 from 529,507 to 700,000
- ✓ Provide pre-cervical cancer treatment for about 194,510 women
- ✓ Increase number of people over 30 years of age who are screening for high blood pressure from 14,382,120 to 19,928,012.
- ✓ Provide treatment for 448,360 (60%) of new high blood pressure patients
- ✓ Increases proportion people under control of high blood pressure from 81% to 83%
- ✓ Increase screening of diabetes from 2,667,724 to 9,413,613 people high risk to diabetes (over 40 years and others);
- ✓ Provide healthy life skill or to provide medicine for 118,612 new diabetes patients
- ✓ Increases number control of new diabetic among individuals treated with medicine or have got healthy life style for diabetic from 80% to 85%
- ✓ Provide cataract surgery for 85,000 patients (Increase cataract surgery rate from 819 to 850/1,000,000.
- ✓ Increase the number of secondary level eye care service giving hospitals from 55 to 58.
- ✓ Increase number of facilities providing decentralized breast cancer treatment service from 24 hospitals to 30 hospitals.
- ✓ Increase number of child cancer treatment centers from 5 hospitals to 7.
- ✓ Increase the number of ray treatment centers for cancer from 3 hospitals to 6

Strategic initiatives and Main Activities

- **Strengthen and expansion of pre-cancer screening, treatment and referral service to all service providing levels**
 - Provide advocacy and awareness rising activities to increase awareness of the communities towards pre-cervical cancer screening and treatment services
 - Strengthen those 1330 pre-cervical cancer screening and treatment providing centers provide TOT for about 200 professional.

- Start pre-cervical cancer screening and treatment services to 100 new health facilities provide basic training for 100 health professionals
- Increase service qualities finalize the draft mentorship training manual.
- Strengthen pre-cervical cancer services provide treatment related supplies for pre-cervical cancer screening and treatment providing facilities
- Follow-up the procurement of supplies for pre-cancer screening and treatment
- Fulfill all registers and forms to monitor and evaluate the service at health facilities
- Training of trainers for 60 professionals to provide mentorship to improve the quality of diagnostic and treatment services
- Provide mentorship service for 300 selected health facilities
- Transfer 15,000,000 birr for regions to strengthen cervical cancer services
- **Strengthen and expand Eye health examination, treatment and referral service to all levels of medical care**
 - Support regions to conduct a campaign to reduce the cataract surgery backlog
 - Develop and distribute a cataract surgery audit manual to improve the quality of eye health services
 - Providing biometrics training to 100 eye health professionals in secondary and tertiary eye health institutes
 - Provide IPEC training to 100 eye health professionals of primary eye health institutions
 - Coordinate outpatient treatment for children under five years of age in 8 eye health facilities.
 - Provide training to 100 teachers to implement school eye screening in 50 primary schools
 - Develop, publish and disseminate eye health strategic plan.
 - Conduct a national eye health survey

- Provide for 100,000 people with eye health problems to be corrected with eye glasses.
- Develop a training manual for teachers to implement school eye problem screening
- **Strengthen implementation of proclamations and regulations to prevent and control the risk factors of non-communicable diseases.**
 - Monitor and advocating for tobacco and alcohol control;
 - Develop and approve the Unhealthy Foods Control to stakeholders;
 - Promote awareness creation on the control of unhealthy foods draft proclamation
 - Finalize, publish and distribute Major Diseases Mentorship Guide to 200 hospitals;
 - Provide training of trainers focused on program management to 120 non-communicable diseases program respondents from selected zones (provinces) of all regions.
- **Strengthen the work of the Multidisciplinary Response Committee for the prevention and control of non-communicable diseases and their risk factors.**
 - Proclamations to prevent and control the cause of odors and advocacy work for various organizations
 - Develop and approve the establishment of a multidisciplinary response committee document to prevent and control the causes of odors;
 - Facilitate a joint review and evaluation forum twice a year for the Advisory Committee on Disease Prevention and Control;
- **Strengthen awareness among the Health Extension Program and the general public on non-communicable diseases and their risk factors.**
 - Raise awareness through media and publications about major non-communicable diseases and their risk factors;
 - Celebrate annual celebration of non-communicable diseases;
 - Provide training to 100 teachers on the diagnosis of eye health problems in schools;

- Provide training in the prevention and control of non-communicable diseases through the Health Extension Program
- **Expand and strengthen the detection, diagnosis, treatment of chronic respiratory diseases in all medical facilities.**
 - provide training of trainers focused on chronic respiratory diseases;
 - finalization and dissemination of the Mentoring Guide;
 - Dissemination of the Medical Protocol Training Manual to Hospitals
- **Strengthen and expand facilities for detection, diagnosis and treatment of high blood pressure and other cardiovascular diseases.**
 - Provide trainer training to 100 primary care hospitals focused on high blood pressure, heart disease risk prediction and treatment, chronic kidney disease and healthy living style counseling;
 - Provide hierarchical training to 200 health centers focused on high blood pressure detection, diagnosis and treatment, healthy lifestyle counseling;
 - Provide basic training to 100 participants focused on the prognosis support and monitoring of high blood pressure and heart disease risk;
 - Provide basic training to 100 health professionals from primary and health centers focused on tobacco addiction treatment.
 - Publish medical protocols for non-communicable diseases, heart disease risk prediction charts, forms and records and distributing them to 300 health institutions;
 - completion, publication and dissemination of the Mentoring Guide to Major Non-Communicable Diseases;
 - Provide medications for high blood pressure and diagnostic equipment for 100 primary hospitals and 200 health centers on need based;
 - Provide trainer training to 50 hospitals on prevention and treatment of rheumatic heart disease;
 - Conduct a nationwide survey of high blood pressure and other non-communicable diseases and their risk factors.

- **Strengthen and expand screening(breast & other cancers) and treatment referral service in medical facilities in decentralized approach ;**
 - Identify 6 regional hospitals for an additional decentralized breast cancer treatment service program through a service delivery;
 - provide training for 6 professionals from 24 hospitals in the area of breast cancer drug therapy;
 - Adopt and disseminate national guidelines for breast cancer treatment and care;
 - Identify 2 university hospitals for Additional Child Cancer Services Program by conducting a survey;
 - Provide training in pediatric cancer treatment to nurse and pharmacists from 2 hospitals that will launch new services;
 - Launch of radiation therapy services in 2 hospitals (Hawassa and Gondar);
 - Provide support to the 14 hospitals under the seven Children’s Cancer Treatment Centers to strengthen pediatric cancer treatment services.

7.2.7. Mental Health

Targets

- ✓ *Increasing coverage of psychosis treatment services from 52% to 62%.*
- ✓ *Increasing coverage of depression medical services from 6% to 11%.*
- ✓ *Increasing coverage of medical services for bipolar cases from 15% to 21%.*
- ✓ *Increasing the coverage of Epilepsy-GTC medical services from 55% to 64%.*

Strategic initiatives and Main Activities

- **Strengthen identification and prevention of mental, neurological and addiction diseases in the community and medical treatment at facilities.**
 - Conduct advocacy work for mental health structures at all levels to address children’s developmental limitations, behavioral problems, and improve disease prevention, diagnosis, and treatment services.
 - Develop informative materials to raise awareness about mental, neurological, addiction, and mental health issues.

- Celebrate World Mental Health Day and Mental Health Month with various events to create awareness.
- Organize events to raise community awareness about epilepsy treatment services on World Epilepsy Day.
- Participate in World Autistic Spectrum events to promote community awareness.
- Provide integrated training on Non-Communicable Diseases (NCD) and Mental and Neurological Disorders (MNS) for health extension workers.
- Conduct mhGAP-IG training for new health facilities to enable the provision of integrated mental health services.
- Finalize the training manual and providing training for mental health professionals to enhance treatment services.
- Offer on-the-job training for mental health professionals to improve the delivery of mental health services.
- Coordinate mental illness treatment with cancer treatment through a consultation workshop.
- Conduct consultation forums to enhance the identification and referral of maternal mental illness related to childbirth.
- Provide support to selected hospitals that offer mental health, neurology, addiction treatment drugs, and assistive medical devices.
- Conduct Building capacity to respond to mental, psychological, and social needs during emergencies.
- Conduct mhGAP-IG Training of Trainers (TOT) for Defense Forces' health facilities to coordinate and provide mental health services
- Enhancing and expanding services within the health system to prevent and treat addiction, self-harm, and suicidal illnesses.
- Offer support and supervision to 6 health facilities that have been trained to provide addiction treatment and services in the field of mental health.
- Provide on-the-job training for mental health professionals working in health facilities and non-governmental rehabilitation centers.

- Develop informative materials to raise awareness among individuals with drug addiction injection problem
- **Enhance the MNS program by conducting comprehensive studies and research in the field of Mental, Neurological, and Addictive Diseases (MNS) across all health systems.**
 - Provide regular support and monitoring for health institutions that provide mental health services and mhGAP implementation.
 - Ensure the quality of information management on health services for mental, neurological, addiction problems and children’s developmental disabilities and behavioral problems.
 - Incorporate selected mental, neurological, and addiction disorders (MNS disorders) into non-communicable diseases STEPs surveys when conducted.

Table 34: Proportion of health centers providing integrated mental health services, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: number of Health Centers , EFY 2016	#	224	106	917	1,433	224	62	504	132	138	30	9	16	101	3,896
Number of HCs provided Mental Health services , EFY 2015	#	31	34	399	297	569	15	178	29	19	13	4	11	97	1,665
	%	30%	11%	52%	20%	2%	18%	33%	21%	13%	49%	43%	69%	100%	31%
Planned number of HCs to provide Mental health services, EFY 2016	#	90	21	504	459	22	22	252	58	62	17	5	12	101	1,625
	%	40%	20%	55%	32%	10%	35%	50%	44%	45%	57%	60%	75%	100%	42%

Table 35: Proportion of population who received care for psychosis, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: number of expected Psychosis , EFY 2016	#	29,683	10,597	117,792	211,350	34,039	6,351	70,731	23,743	17,208	2,736	1,446	2,829	20,111	548,616
Number of psychosis cases treated, EFY 2015	#	763	303	4,473	6,199	1,126	-	1,944	532	167	141	-	16	6,572	21,473
	%	55%	57%	52%	51%	51%	48%	50%	51%	53%	48%	52%	51%	60%	52%
Planned number of psychosis to treated, EFY 2016	#	19,791	6,888	74,209	131,037	19,062	3,302	42,438	14,483	11,013	1,587	905	1,698	13,474	339,887
	%	67%	65%	63%	62%	56%	52%	60%	61%	64%	58%	63%	60%	67%	62%

Table 36: Proportion of population who received care for severe Depression, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: number of expected Depression, EFY 2016	#	403,691	144,120	1,601,970	2,874,364	462,934	86,368	961,936	322,907	234,026	37,203	19,670	38,479	273,505	7,461,174
Number of Depressed cases treated, EFY 2015	#	5,817	625	6,565	55,364	5,633	-	12,933	7,184	1,431	183	3	89	6,053	96,063
	%	8%	7%	8%	5%	6%	6%	7%	5%	7%	6%	8%	9%	7%	6%
Planned number of Depression to treat, EFY 2016	#	248,633	12,971	160,197	229,949	37,035	6,909	76,955	22,604	21,062	2,976	1,967	4,233	24,615	850,106
	%	10%	9%	10%	8%	8%	8%	8%	7%	9%	8%	10%	11%	9%	11%

7.3. Improve community ownership and Primary Health Care

7.3.1. WASH and Environmental Health

Targets

- ✓ Increase coverage of Households having basic sanitation facilities from 52% to 66%
- ✓ Increase coverage of Open Defecation Free kebeles from 36% to 42%
- ✓ Increase coverage of Households having basic hand washing facilities from 25% to 36%.
- ✓ Increase coverage of Households having separate kitchen from 51% to 60%
- ✓ Increase coverage of Households having smoke free stove from 23% to 26%
- ✓ Increase coverage of water sources which conducted follow up and inspection from 40% to 68%
- ✓ Increase coverage of Households having proper solid waste disposal from 22% to 33%
- ✓ Increase coverage of Households having proper liquid waste disposal from 29% to 41%
- ✓ Increase coverage of Health Facilities with water supply from 70% to 74%
- ✓ Increase coverage of Health Facilities with basic sanitation services from 80% to 82%
- ✓ Increase coverage of Health Facilities with basic waste management system from 68% to 73%

Strategic initiatives and Main Activities

- **Strengthen personal hygiene practices**
 - Develop awareness creation materials around personal hygiene and transmit through mass media
 - Celebrate National Hand_washing Day
 - Develop Hand Hygiene Roadmap training manual and provide training Support the provision of menstrual hygiene services in schools
 - Celebrate Menstrual Hygiene Day

- Finalize Personal Hygiene Training Manual and prepared training material
- Provide ToT training on personal hygiene for 80 participants selects from regions and stakeholders;
- Provide ToT training on WASH-NTD toolkit for 40 professionals selected from regions
- **Expand and strengthen sanitation marketing centers.**
 - Establish 249 new sanitation shopping centers
 - Provide training on sanitation marketing in 249 new sanitation shopping centers;
 - Conduct advocacy work to ensure tax free and exemption for materials that helps to hygiene & sanitation facilities;
 - Conduct advocacy to ensure access of financing options to the organized enterprises and household level on field for sanitation marketing;
 - Implement the sanitation subsidy for low-income communities in 40 districts;
 - Develop a protocol on improved toilets/sanitation facilities that meet the sanitation chain
- **Strengthen efforts to reduce open defecation**
 - Provide financial and technical support for community mobilization to make 245 kebeles open defecation free
 - Finalize Sustainable ODF guideline and Training Manual
 - Provide ToT training on Sustainable ODF and the new ODF certification protocol for 120 professionals selected from RHBs and other sectors;
 - Provide financial and technical support for the Geshero project districts and kebeles to ensure 100% ODF and beyond ODF
 - Perform mobilization, support and monitoring activities to ensure that the defecation-free kebeles not to be reversed back

- **Strengthen Leadership and Coordinating Activities of the Clean Ethiopia Program**
 - Prepare a platform for the promotion of the Clean Ethiopia Program;
 - Finalize the capacity gap survey on Clean Ethiopia Program;
 - Finalize the training manual of Clean Ethiopia Program strategy;
 - Create organization/structure for a clean Ethiopia program;
 - Pilot on Initiation of Clean Ethiopia program in certain districts in all regions;
 - Conduct consistent advocacy on prepared advocacy guidelines

- **Improve and strengthen family/household sanitation services**
 - Conduct advocacy to help improve access to sanitation services at family/household level;
 - Supervise and support the construction of 158,355 new upgraded toilets and maintenance of 6,436 toilets at the household level in the One Wash program districts;
 - Develop a guide and training manual for solid and liquid waste management and disposal at the household level;
 - Provide training to 80 professionals from Regional Health Bureau and other sectors on solid and liquid waste management and disposal at the household level;
 - Identify, compile and disseminate best practices

- **Strengthen implementation of water and food safety hygiene management.**
 - Prepare awareness creation materials on water and food management and treatment; and communicate through mass media;
 - Provide TOT training for 40 professionals selected from the region and district on water quality monitoring;
 - Monitor the process of procurement of 100 water quality test kits;
 - Conduct follow up the process of procurement of water treatment chemicals and reagents for regions threatened by water born outbreaks;

- Introduce on the protocol of school food hygiene and safety;
- Conduct assessment on the level of status of water quality test kits distributed to the regions
- **Strengthen the implementation of urban sanitation activities**
 - Finalize urban sanitation and hygienic strategy and prepare training manual;
 - Conduct consultative workshop with relevant stakeholders on the collection and disposal of solid and liquid waste management in urban areas;
 - Provide training to 40 professionals from regional and other sectors on the guideline of public and communal latrine /toilets;
 - Provide training to 40 professionals from regional and other sectors on integrated urban sanitation and hygienic strategy;
 - Support and supervise the construction of 12 public and communal toilets in one WASH districts.
- **Strengthen the implementation of WASH by institutions.**
 - Implement WASH FIT in selected 100 health facilities by providing cascading training;
 - Prepare WASH FIT roadmap and training manual;
 - Conduct assessment on the inadequate implementation of WASH services in health facilities and their relationship with AMR;
 - Conduct a national study of the coverage, design and use of WASH facilities for health facilities;
 - Provide training on Hygienic and Environmental Health guideline for 40 participants to implement the Directive in religious institutions;
 - Implement hygienic and environmental health guidelines in prisons and religious institutions;
 - Conduct Construction and maintenance of 256 new and 76 old water source in one WASH implementation Districts of health facilities, respectively
 - Construct 367 latrines in health facilities in one WASH Districts;

- Construct 344 incinerators at health facilities in one WASH Districts;
 - Construct of 141 placenta pits at health facilities in one WASH Districts;
 - Conduct experiences sharing in best performing Districts and health facilities in one WASH
 - Provide project management and procurement training to 50 regional professionals working on the One Wash program
 - Conduct mentorship for professionals working in project management and procurement through the One Wash program;
 - Conduct performance evaluation of the planned activities of the WASH program;
 - Provide training to 60 professionals from the region on Water, Sanitation and Hygiene Training Manual of Health Institutions;
 - Develop and implement community feedback delivery system guidelines in WASH programs;
- **Strengthen the information system on WASH and Environmental health**
 - Monitor the quality of information and provide feedback on environmental health;
 - Prepare a consistent and sustainable data collection format for data not gather by DHIS2;
 - Promote water, sanitation and hygiene translation reference to all regions and train for 50 professionals;
 - Monitor and support the implementation of WASH SBCC packages;
 - Conduct joint supportive supervision on a quarterly basis.
- **Improve workplace safety and health**
 - Finalize the Occupational Health and Safety Guidelines for health institutions and prepare training manual;
 - Provide ToT training for 50 professionals selected from region on Occupational Health and Safety Manual of the health institute;

- Support and monitor the activities for implementation of health and safety at federal and regional hospitals;
- Finalize the National Occupational Health and Safety Regulation.
- **Strengthen efforts to reduce the health influences of the handling and use of chemicals**
 - Finalize the guideline for proper disposal of chemical and hazardous wastes; and prepare training manuals;
 - Provide training on chemical and hazardous waste management and disposal to 40 professionals selected from region;
 - Conduct an advocacy forum for 40 senior leaders from different sectors and industry owners in chemical and hazardous waste management and disposal
 - Communicate health messages about the management and disposal of chemical and hazardous wastes through the media;
 - Assess the status of a medical center for communities affected by chemicals and hazardous waste and propose a recommendation for improvement of the services in future;
 - Conduct survey on the chemical and hazardous waste management and disposal system, and take corrective action based on the findings
- **Strengthen efforts to reduce the health impacts of air pollution on health**
 - Conduct awareness creation activities on health effects of air pollution;
 - Provide ToT training to 40 regional health professionals on air pollution and health;
 - Conduct consultative workshop with relevant stakeholders on air pollution and health;
 - Conduct consultation with those concerned about construction of safety housing practices and management;
 - Implement awareness creation activities on the construction of safe housing practices and management/handling

- **Strengthen the health sector's climate change resilience system**
 - Finalize and promote on the health sector's climate change resilience plan;
 - Conduct surveys in regions vulnerable to climate change;
 - Finalize and promote on the Climate Change Resilience Toolkit for health systems and health institutions;
 - Provide training on the health sector's climate change resilience plan;
 - Prepare and communicate a message about the health impacts of climate change

- **Strengthen emergency water, sanitation and hydration and environmental health care preparedness and response.**
 - Promote on the guideline of emergency water, sanitation and hygienic and environmental health ;
 - Provide training to 40 professionals on emergency water, sanitation and hygienic and environmental health and support technically and financially for cascade of training;
 - Provide support and monitor to areas prone to cholera and to the areas where cholera has occurred;
 - Provide technical assistance to water, sanitation, hygiene and environmental health for community health hazards caused by natural and man-made conditions

Table 37: Proportion of households with access to sanitation facilities, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/ Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Total number of households, EFY 2016		1,349,235	371,827	5,478,694	8,806,261	1,031,494	282,249	2,886,964	969,110	702,359	118,935	74,170	125,748	981,006	23,178,052
Households with sanitation facilities, EFY 2015	#	137,673	23,646	3,339,259	4,459,627	37,794	93,324	1,459,429	447,150	395,654	1,943	41,200	10,489	454,797	10,764,312
	%	35%	35%	60%	69%	27%	50%	72%	51%	80%	5%	79%	91%	92%	52%
Cumulative Number of households with sanitation facilities, EFY 2016	#	512,709	148,731	3,506,364	6,340,508	309,448	149,592	2,136,353	523,319	582,958	8,325	60,820	116,945	922,146	15,318,219
	%	38%	40%	64%	72%	30%	53%	74%	54%	83%	7%	82%	93%	94%	66%

Table 38: Proportion of kebeles declared Open Defecation Free (ODF), EFY2015

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of kebeles that have been declared open defecation free, EFY 2016	#	744	348	3,725	6,747	1,424	433	2,713	832	551	150	36	35	-	17,738
	%	0%	16%	22%	33%	54%	50%	43%	89%	79%	1%	31%	4%	46%	36%
Kebelle with Latrines, EFY 2015	#	4	63	867	2,418	661	269	1,495	79	504	2	11	2	413	6,784
	%	0%	16%	22%	33%	54%	50%	43%	89%	79%	1%	31%	4%	46%	36%
Planned Number of kebeles to declare open defecation free, EFY 2016	#	112	76	969	2,361	797	260	1,519	749	441	68	17	20	-	7,390
	%	15%	22%	26%	35%	56%	60%	56%	90%	80%	46%	47%	58%	48%	42%

Table 39: Proportion of households with waste management system, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/ Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Total number of HHs in EFY 2016	#	1,349,235	371,827	5,478,694	8,806,261	1,031,494	282,249	2,886,964	969,110	702,359	118,935	74,170	125,748	981,006	23,178,052
Number of HHs with waste management system, EFY 2015	#	125,029	15,077	2,164,223	1,562,633	8,141	37,018	591,514	111,994	161,631	882	7,160	4,205	580,383	5,244,861
	%	38%	23%	50%	50%	9%	14%	20%	48%	38%	14%	75%	54%	71%	44%
Planned Number of HHs to have waste management , EFY 2016	#	580,171	104,111	3,013,282	4,843,444	134,094	47,982	664,002	494,246	287,967	20,219	57,853	71,676	716,134	11,035,182
	%	43%	28%	55%	55%	13%	17%	23%	51%	41%	17%	78%	57%	73%	48%

Table 40: Proportion of health facilities (HFs) with basic sanitation facilities, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/ Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Total number of HFs, EFY 2016	#	1,007	461	4,740	8,299	1,666	501	3,274	978	710	185	47	53	114	22,035
Number of HFs with sanitation facilities, EFY 2015	#	2,213	193	4,028	6,343	487	299	2,371	582	801	16	54	56	121	15,351
	%	33%	40%	61%	61%	46%	54%	63%	69%	65%	58%	71%	71%	74%	62%
Planned Number of HFs with sanitation facilities, EFY 2016	#	655	267	3,413	5,643	833	296	2,226	704	490	120	41	41	108	14,838
	%	65%	58%	72%	68%	50%	59%	68%	72%	69%	65%	88%	78%	95%	67%

7.3.2. Health Extension Program and Primary Health Care

Targets

- ✓ Increase Proportion of model Household from 32% to 41%
- ✓ Increase proportion of high performing primary health care units from 19.4% to 27%
- ✓ Increase Proportion of model Kebele from 27% to 33%
- ✓ Increase the number of comprehensive health posts providing comprehensive health services from 2.%(48) to 5.33%(100)
- ✓ Increase number of merged health posts for 1,477 (43%) to 2,555 (100%)
- ✓ Increase number of model woreda's from 113 to 125
- ✓ Increase the coverage of the health centers from 40% to 65% those reporting on the EPHCG dashboard
- ✓ Increase the number of health centers that provide basic emergency surgery services from 106 to 120
- ✓ Increase the coverage of woredas that have implemented the Ethiopian Primary Health Care Alliance for Quality (EPAQ) from 42.5% to 55%.
- ✓ Increase the coverage of health centers providing health services according to the EPHCG from 50% to 70%
- ✓ Increasing the number of health centers implementing revised IPC guidelines from 40%

Strategic initiatives and Main Activities

- **Strengthen services provided through health extension program**
 - Evaluate the past three years performance of the roadmap of Health extension program reform at National level
 - Increase number of Basic Health Posts providing service as per the standard
 - Strengthen integrated service provision in health facilities where there are merged health posts
 - Customize EPHCG for CHPs , provide training and start the implementation in 100 CHPs that already started provision of services
 - Provide capacity building trainings on service packages for 100 health workers working in comprehensive health posts

- Support the establishment of HEP units in all health centers and primary hospitals and increase the number of HC that established HEP unit from 1,455 to 3,885
 - Equip 200 comprehensive and 600 basic health posts with necessary medical equipments
 - Follow the construction of new 12 comprehensive health posts that are constructed by the support of MoH
 - Provide support for war affected areas on comprehensive HEP activities
 - Support the improvement of information management of health posts based on the HEPO roadmap in collaboration with stakeholders.
- **Strengthen Implementation of woreda transformation**
 - Provide and support capacity building training on revised woreda transformation in regions and woredas not covered in the previous year
 - Monitor the performance of the woreda transformation using DHIS2
 - Revise and implement woreda management standard
 - Customize and implement CSC for comprehensive health posts
 - Conduct verification of model woredas and provide recognition
 - Recognize selected high performing woreda and conduct experience sharing
- **Improve primary health care system framework (PHCSF)**
 - Finalize and promote the development of the PHC strategic framework
 - Prepare the implementation/operational plan for PHC strategic framework
- **Strengthen implementation of health center reform**
 - Providing cascading training to health centers that have not received training in all regions
 - Publishing and distributing the revised health center reform guidelines
 - evaluate and provide feedback on the implementation, completeness, timeliness and quality of the health center reform report every quarter.
 - provide technical and financial support for health center reform and good governance index to be implemented in health centers.

- Strengthening the implementation of Community Score Card (CSC) in health centers;
- Implement the capacity building activities for primary health care managers
- Provide support and monitoring to ensure that health centers are equipped with medical equipment;
- Provide rehabilitation support to health centers affected by war.
- **Strengthen Ethiopian Primary Health Care Alliance for Quality (EPAQ)**
 - Recognize best performing Woredas and Health centers
 - Revise the EPAQ Implementation Manual
 - Prepare the EPAQ second cycle audit tool together with the regions
 - Designing and implementing a strategy to support regions that need special support and other low performance zones.
 - Conduct experience sharing, of best performing woredas and health centers
- **Strengthen the implementation of urban health care reform**
 - Provide technical, financial and training support to strengthen the implementation Urban Health care reform from 321 to 500 health centers.
 - Expand the implementation of Family Health Team approach in town
 - Completing Urban PHCR formative assessment to be able to revise the implementation manual to expand the reform in small town
 - Revise the implementation manual for big cities and small town based on the survey data.
 - Support the procurement of FHT kit and monitor FHT implementation
- **Strengthen EPHCG for quality**
 - Providing health center health workers who have not received training before to receive EPHCG training.
 - Promoting, making accessible and monitoring the implementation of digitalized EPHCG in all health centers
 - review and provide feedback EPHCG report collected every quarter using dashboard

- Promote the implementation of EPHCG to the community and other stakeholders
- Update timely information that helps the implementation of EPHCG
- **Strengthen of basic emergency surgery services in health centers**
 - Provide training for emergency surgery services for those who have started and new health centers
 - Developing a strategy for emergency surgery services at health centers
 - Provide support and monitor at all levels to strengthen the implementation of OR services in health centers
 - Providing support and monitor the supply of medical equipment to start OR services
- **Improving health center service delivery quality and clinical communication skill**
 - Provide cascading training on quality improvement and medical communication skill g at the national level
 - Publish and distribute quality improvement and clinical communication skills improvement manuals
 - Review and provide feedback on quality improvement and clinical communication skills performance reports every quarter
- **Support the implementation of infection prevention and control (IPC) in health centers**
 - Publish and distribute the revised IPC guidelines and training manuals in 2019
 - Providing training to health center professionals in accordance with the revised IPC guidelines
 - Monitoring and providing feedback for quarterly infection prevention and control (IPC/CASH)

Table 41: The proportion of Model Households, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Total Number of Eligible Households, EFY 2016		1,343,492	386,841	5,478,694	8,778,443	1,006,507	273,599	2,886,964	969,110	1,331,972	118,935	68,669	151,654	892,031	23,686,911
Model Households, EFY 2015	#	41,076	17,359	2,791,676	2,818,472	20,036	70,478	830,164	268,934	189,704	2,408	24,514	9,323	264,206	7,307,274
	%	8%	5%	52%	33%	1%	26%	29%	28%	28%	2%	34%	8%	54%	32%
Planned Model Households in, EFY 2016	#	335,873	58,026	3,177,643	3,335,808	100,651	95,760	1,183,655	368,262	452,870	16,651	28,841	22,748	526,298	9,703,086
	%	25%	15%	58%	38%	10%	35%	41%	38%	34%	14%	42%	15%	59%	41%

Table 42: The proportion of graduated Model Kebeles, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible -Membership Enrollment rate for CBHI EFY 2016		744	348	3,725	6,747	1,424	433	2,713	832	551	150	36	35	569	18,307
Number of Model Kebeles in EFY 2015	#	19	17	1,189	1,837	581	78	625	90	176	4	6	1	297	4,901
	%	3%	5%	32%	27%	41%	18%	23%	11%	32%	3%	17%	3%	52%	27%
Number of Model Kebeles Planned in EFY 2016	#	199	52	1,416	2,227	655	108	760	150	209	15	8	4	330	6,132
	%	27%	15%	38%	33%	46%	25%	28%	18%	38%	10%	23%	10%	58%	33%

7.3.3. Enhances community Engagement and Ownership

Targets

- ✓ Increase the number of WDG leaders who took a CBT from 1,090,426 to 1,300,020
- ✓ Provide IRT on MCD and NCD training for 46,885 health extension workers
- ✓ Increase the coverage of maternity waiting homes from 1630 (41.9%) to 1780 (45.8%)
- ✓ Increase the number of woredas who implement the re-designed community engagement strategy from 80 to 170
- ✓ Expand implementation of the contextualized community engagement approach in the pastoralist regions

Strategic initiatives and Main Activities

- **Strengthen primary health care leadership, Governance and accountability mechanism**
 - Capacity building to improve management capability and coordination and integration of service delivery
 - Ensure availability of functional and effective supportive supervision and technical support mechanisms
 - Improve capacity for intersectoral collaboration and coordination
- **Strengthen the implementation of community score card (CSC) in health centers**
 - Conduct capacity building activities that can increase the capacity of primary health care leaders in the fields of leadership and management;
 - Support the provision of medical equipment to new health center in collaboration with relevant stakeholders
 - Providing rehabilitation support to health centers affected by conflict / war
- **Improve prevention and response to community health emergencies**
 - Capacity building training for health center professionals in Public health emergency response and management and on Community based surveillance and case management.

- Provide support and monitoring for health center professionals to provide on-the-job training for community-based disease screening and surveillance (CBS) to health extension professionals.
- Support and follow up on Covid-19 treatment and the use of medical equipment
- preparing plans for public health emergency response and management and Community based surveillance at health centers,
- Establishing an epidemics and emergencies response committee, and providing support and monitoring to strengthen the information and reporting system.
- Implement activities to strengthen maternal and neonatal death surveillance, maternity waiting homes and pregnant women conference in health centers
- **Strengthen the implementation of community participation and ownership**
 - Improvement of the strategies to Re_vitalize WDA
 - Provide competency-based training (CBTs) for WDG leaders
 - Support and follow the implementation of the redesigned community engagement strategy in agrarian and pastoral settings
 - Design a national comprehensive CE strategy
 - Design community engagement strategy for urban context
 - Follow awareness creation activities regarding inspection and regulation at community level through health extension program
 - Support and follow up community surveillance and response activities
- **Strengthen school health program implementation**
 - Revise school health service packages and provide training for RHB Experts
 - Develop school health implementation manual
 - Support and monitor school health program activities

- **Strengthen community health information system**

- Finalize revision of information system to implement CHIS for comprehensive health posts and health posts merged to the catchment health centers/ primary hospitals
- Provide support on the implementation of e-CHIS in 7,800 health posts
- Start implementation of e-CHIS in urban
- Provide technical support on CHIS

7.4. Improve access to quality and equitable medical health services

7.4.1. Pre-Facility, Emergency, Trauma and Critical care services

Targets

- ✓ *Increase ambulance service response rate from 65% to 72%*
- ✓ *Decrease emergency mortality rate from 0.24 to 0.20*

Strategic initiatives and Main Activities

- **Strengthen the emergency medical services.**

- Ensure proper procurement process for medical equipment, maintenance and distribution to hospitals.
- Finalize Emergency Leveling Service Guideline, including Children's Emergency Medical Leveling Guideline.
- Implement pediatric emergency medical standard guidance in selected facilities.
- Expand the implementation of Emergency Department Quality Improvement (ED QI) into ten hospitals to enhance emergency and emergency intensive care services.
- Develop sepsis treatment manual and reviewing the emergency treatment protocol.
- Conduct a survey on ten hospitals that provide gynecological emergency services and utilizing evidence-based data for further improvement.

- Support regions in implementing ER leveling service document guidelines.
- Provide medical resources to enhance emergency medical services in twenty selected health facilities.
- Allocate budget support to twenty health facilities providing emergency medical services for infrastructure improvements to maintain their standards.
- **Strengthen Expansion of basic emergency medical services.**
 - Finalize the preparation of the WHO-ECS scale-up guideline.
 - the introduction of the WHO-ECS toolkit expansion guide to various stakeholders;
 - Provide and implement training of basic emergency medicine and Tool kit to selected 20% primary hospitals from all regions and all MECIP city health centers;
 - Provide training and implementation of basic emergency medicine and Tool kit training for practitioners in 30 hospitals and 10 health centers as a resource for study;
 - Provide BEC TOT training to 75 trainers from all regions.
- **Improve and expand intensive care services;**
 - Provide practical TOT training for intensive care to 50 professionals from selected health facilities;
 - Conduct launching of 40 new intensive care services in 2015.
 - Complete all necessary prerequisites for the launch of ten additional intensive care services.
 - Conduct intensive care training for 100 professionals selected from ten specific health facilities.
 - Initiate and closely monitor the effectiveness of the ICU Quality Improvement (QI) project at eight hospitals.
 - Conduct surveys to standardize ICU practices in 89 hospitals that provide intensive care treatment.

- Provide essential medical resources to ten health facilities offering intensive care services.
- Allocate budget support to ten health facilities providing intensive care services to facilitate infrastructure improvements and ensure maintenance of their high standards.
- **Strengthen and expanding disaster prevention and management.**
 - Initiate to enhance community awareness and engagement in disaster management
 - Complete a disaster management roadmap.
 - Collaboratively prepare a plan with stakeholders for disaster prevention.
 - Regularly supervise and support the emergency medical center at Tirunesh Beijing Hospital.
 - Provide basic trauma care training to 100 professionals from 25 health facilities.
 - Offer advanced trauma care training to 50 professionals from 15 health facilities.
 - Implement a medical record system for disaster management at the eight selected hospitals.
 - Develop a third-party assessment and evaluation process for disaster management twice a year.
 - Monitoring the implementation of third-party vehicle accident treatment in both public and private hospitals.
 - Conduct supportive supervision twice a year in collaboration with the insurance fund.
- **Strengthen and expanding burn treatment services.**
 - Train 80 professionals in burn treatment techniques.
 - Conduct training sessions to launch 19 new burn treatment units.
 - Provide additional resources to support the establishment of the 19 new burn treatment units.
 - Monitor the procurement process for burn treatment inputs that was initiated in 2015

- **Improvement and strengthening of poison treatment services.**
 - Identify cases of poisoning from public health facilities in 25 major cities.
 - Conduct surveys to identify medical facilities with a high prevalence of poisoning cases.
 - Fully operationalize the poisoning call center.
 - Promote community awareness about the existence and services of the call center.
 - Review and approve guidelines for the treatment of poisoning risks.
 - Provide Training of Trainers (TOT) for 40 professionals and basic training for 120 professionals

- **Enhance the implementation of the program aimed at improving emergency and medical services in major cities.**
 - Implement third-party vehicle accident treatment services in urban areas.
 - Establish a forum for citywide emergency response consultation involving stakeholders.
 - Complete and promote the Emergency and Intensive Care Continuation Plan for the Capital City.
 - Transfer the first four initiatives of the Medical Emergency and Intensive Care Improvement Program (MEICIP) to the Regional Health Bureau and City Administration.
 - Launch MEICIP in five new cities.
 - Strengthen burn treatment units at leading hospitals in eight major cities.
 - Provide on-site support for pain management protocol and butter milk diet (BMD) in the burn treatment unit at 12 MEICIP facilities and three other facilities.

- **Strengthen the implementation of the Specialty and Sub Specialty roadmap.**
 - Implement a survey based on the implementation of the Specialty and Subspecialty roadmap;
 - Conduct discussion on the basis of the implementation of the Specialty and Subspecialty Roadmap.
- **Strengthen the implementation of the Medical Tourism Strategy;**
 - Identify the establishment to meet international standards for specialty and subspecialty services.
 - Develop and promote a medical tourism roadmap strategy for selected public and private health facilities.
 - Encourage private investors to actively participate in the medical tourism industry.
 - Promote the National Strategy for Medical Tourism to ambassadors.
 - Promote the National Strategy for Medical Tourism to investors and the diaspora.
- **Expand and strengthen hospital rehabilitation treatment services;**
 - Provide pilot training by developing guidelines and manuals for the integration of community-based rehabilitation treatment centers and primary unit health services;
 - develop and implement a national CBR service directory and referral protocol;
 - Conduct surveys to meet the needs of rehabilitative medicine practitioners,
 - share experiences from better-performing institutions for leaders and healthcare workers in health facilities;
 - Identify major gaps in the rehabilitation treatment service of health facilities and provide feedback.
- **Expand and strengthen the treatment of erectile dysfunction;**
 - Develop, publish and disseminate medical services guidance and advocacy tools for disability caused by disorders;

- Increase the number of hospitals providing curly foot treatment services by 3;
 - Develop a training manual for Ponseti Medical Services and establish a framework for continuous professional improvement;
 - Provide basic medical training;
 - Develop early detection training for health extension professionals for injuries caused by formation problems;
 - Conduct performance monitoring of the medical centers for the problem of formation.
- **Expand and strengthen of specialty and subspecialty services;**
 - Develop guidelines and policies on cancer treatment services;
 - support the work of Senior Physicians Mentorship on cancer treatment services at 18 selected hospitals;
 - Provide capacity building training for cancer treatment services at selected hospitals;
 - Exchange of experiences in cancer treatment services at selected hospitals;
 - Develop a training manual on stroke management guidelines and treatment services;
 - Support stroke management centers to work in accordance with the standard on stroke treatment services in selected hospitals
 - Support the development of a settlement regulation on kidney transplant services provided by St. Peter's hospital
 - Provide basic psychiatric services training to professionals from hospitals;
 - Set a standard on addiction recovery treatment services
 - Provide capacity building training for basic ophthalmology services to selected primary hospitals from the Regional Health Bureau;

- Revise of the Medication of Pain Treatment Services guideline
- Provide training for pain treatment services to professionals from 12 hospitals;
- Develop Telemedicine Standard for Selected Specialty hospitals.
- **Expand and strengthen rehabilitative medical services.**
 - Raise public awareness about rehabilitation medical services, disability, and assistive technology through media outreach and communication.
 - Assist regional health bureaus in developing a structure for rehabilitative medicine and developing a strategic plan;
 - Develop a document to identify the capacity building needs of the leadership and professionals of rehabilitation centers;
 - Conduct a feasibility study to be under the support of the Ethiopian body
 - Conduct a survey to assess the demand for professionals in various areas of rehabilitative medicine.
 - Encourage higher education institutions to offer education in different areas of rehabilitation treatment.
 - Initiate new rehabilitative medical services through short training programs.
 - Develop infrastructure standards for rehabilitation centers.
 - Assist in the development of high-quality facilities with excellent customer service.
 - Create a forum for discussion with the Ministry of Finance to facilitate tax-free importation of equipment, devices, and resources for rehabilitation therapy.
 - Conduct a study to establish a system for sourcing locally produced raw materials.
 - Develop and regularly update a referral directory for rehabilitation medicine services.

7.4.2. Hospital and Diagnostic Services

Targets

- ✓ *Increases coverage of outpatient service from 1.5 to 1.9;*
- ✓ *Increases bed occupancy rate from 68% to 70%;*
- ✓ *Decreases the average length of stay from 4.1 to 3.6 days;*
- ✓ *Decreases of institutional mortality rate from 1.8 to 1.6;*
- ✓ *Increasing integrated hospital audit average performance coverage from 65% to 80%;*
- ✓ *Increasing the number of hospitals that have medical oxygen plants from 3 to 13;*
- ✓ *Increasing EHSTG implementation coverage from 75% to 80%;*
- ✓ *Increasing the performance coverage of the of hospital transformation guidelines nursing service phase from 85% to 90%.*

Strategic initiatives and Main Activities

- **Strengthen Ethiopian hospitals alliance for quality.**
 - Conduct strong clinical mentorship in coordination with regions;
 - Exchange the experience of the hospitals with the best performance in the focus agenda of the integration;
 - Enhance the functionality of the integration database.
 - Conduct nationwide evaluations of integration work performance every 6 months.
 - Provide budget support to regions to improve the effectiveness of the integration.
 - Conduct the fourth round of mid-term evaluation and review.
- **Improve and strengthen access to medical oxygen and service quality.**
 - Conduct medical oxygen roadmap review, publication, promotion and awareness raising forums;
 - Review relevant oxygen use training manuals;
 - Providing training to professionals from selected hospitals on the appropriate use of oxygen;
 - Support the regions with budgets to implement an appropriate use of Oxygen;

- Develop a safety and operational protocol for the process from production of oxygen to delivery to patients;
 - Monitor the process and support medical oxygen plants to be installed by government in partner with private organizations and other partners.
- **Strengthen the implementation of the I.Care program.**
 - Provide training to senior health professionals from hospitals on the assessment of medical service delivery system;
 - Improvement in management skill of strategies and sustainable institutional change;
 - Conduct forums for sharing experiences on implementation of I. Care Program among hospitals ;
 - Provide training to senior professionals from various institutions on integrated project management, effective resource mobilization and scientific strategies;
 - Financially and technically support for renewal of service departments by selecting three hospitals with the worst problems;
 - Conduct program implementation performance evaluation;
 - Accredite hospitals that have participated in implementation of the program and achieved better results.
- **Improve access and quality of high quality surgical and anesthesia care.**
 - Initiate a pilot study on day surgery services at selected health facilities.
 - Provide support to reduce backlog clearance in 10 hospitals with surgery queues.
 - Provide technical support to 20 health centers that have established surgical blocks and started functioning.
 - Pilot the implementation of screening and referral system for patients in need of surgery in selected regions and Woredas through the Health Extension Program.
 - Provide training to enhance the surgical management system.
 - Conduct mentorship and coaching in selected hospitals to strengthen surgical practices.

- Develop protocol to improve the surgical bed utilization system.
 - Introduce and implement an improved perioperative care manual.
 - Implement the prepared Surgical Care Standard Operating Manual.
 - Provide training on safe surgical procedures manual.
 - Implement anesthesia adverse event monitoring data management in selected hospitals.
 - Conduct Community Surgical Services Need Survey.
 - Expand the use of electronic databases for surgical services in selected hospitals.
 - Pilot the registration of physical defects in children at birth in institutions.
 - Conduct a mid-term review of the Surgical Care Strategic Two/SaITS II.
 - Develop a mid-term strategy for pediatric surgery.
 - Organize an Annual Conference on Surgery and Anesthesia..
- **Strengthen implementation of the Ethiopian hospital transformation guidelines.**
 - Conduct awareness campaigns to promote hospital reform guidelines.
 - Provide training of trainers on the reform to health professionals and hospital managers.
 - Publish the revised hospital reform guidelines.
 - Conduct performance evaluations with implementing hospitals, health offices and stakeholders.
 - Provide budget support for hospitals at the regional level to support the implementation of hospital reform guidelines.
- **Strengthen health care for the elderly.**
 - Develop a training manual to improve elderly care services.
 - Provide training in health care for the elderly to professionals from selected hospitals and regions.
 - Support selected hospitals to establish elderly service center/department
 - Prepare awareness forums on elderly services and care.

- **Strengthen quality nursing services.**
 - Revise the nursing service format.
 - Provide training for regional and federal hospitals in preparation of nursing service SOP.
 - Conduct an exchange of experience between government and private health institutions in nursing services;
 - Provide TOT training on Nursing process;
 - Develop a learning platform for selected quality improvement projects.

- **Strengthen Major cities Emergency Services Improvement Program.**
 - Provide support to continue the work of program coordinating committees in the cities where the program is implemented;
 - Provide support for program strengthening and continuation in four existing cities.
 - Prepare, publish and disseminate Pre hospital service standards
 - Conduct training of trainers for 100 professionals in call handling and communication.
 - Implement the WHO Pre-hospital Services Data Collection Form in MEICIP cities.
 - Launch 12 quality improvement projects in pre-hospital services in 12 existing major cities.
 - Introduce the MEICIP program in Addis Ababa and Tigray.
 - Brand ambulances at dispatch centers established in 9 sub-cities in Addis Ababa city.
 - Initiate the MEICIP program in selected new 8 cities.

- **Improvement Community engagement in Pre hospital service and Patient referral Service.**
 - Implement the guidelines on established community emergency squads;
 - Support South West Region and Gimbichu woreda to establish community emergency squads.

- Conduct mentoring and Coaching Community Emergency Squad twice a year.
 - Support Regions to establish new community emergency squads.
 - Provide TOT training to 200 community first aiders.
- **Strengthen patient Referral services.**
 - Conduct a quality improvement project on 7 hospitals based on audit results.
 - Provide training to 100 Liaison officers on the newly released Patient Referral Guidelines and web based system;
 - Conducting supportive supervision to hospitals that have implemented patient referrals web based system;
 - Implement a patient referral web-based system in hospitals that have not yet adopted a web-based system.
 - Introduce National Service Directory.
- **Strengthen pre-health facility and patient referral services.**
 - Provide budget support to region for recycling of 100 ambulances in need of repair.
 - Provide technical support to regions to improve internal maintenance of ambulances.
 - Provide TOT training sessions for 50 ambulance professionals.
 - Launch the introduction of pre-hospital community-wide activities.
 - Work on the technology for ambulance call and dispatch centers.
 - Facilitate the pre-conditions for organizing a national call center.
 - Complete the pre-conditions for the purchase of 1000 ambulances and ambulance equipment.
 - Monitor the pre-conditions for the 2nd Air Ambulance.
 - Prepare a platform for the utilization of ambulances.

Table 43: Outpatient attendance per capita, EFY 2016

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidam	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Outpatient attendance per capital in, EFY 2015	0.3	0.5	1.9	1.4	0.2	0.9	1.7	1.3	1.2	0.8	2.7	2.0	2.7	1.5
Planned Outpatient attendance per capital, EFY 2016	0.7	1.0	2.4	1.9	0.8	1.4	2.2	1.8	1.7	1.3	3.2	2.5	3.0	1.9

Table 44: Average length of stay, EFY 2016

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidam	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Average length of stay in EFY 2015	3.20	3.10	4.50	3.70	3.60	2.80	4.40	3.70	3.20	2.70	4.50	2.80	4.90	4.10
Planned Average length of stay , EFY 2016	3.10	3.00	4.20	3.40	3.20	2.60	4.10	3.30	3.00	2.60	4.20	2.70	4.50	3.60

7.4.3. Blood and Tissue Services

Targets

- ✓ *Increases voluntary blood donation from the current 352,962 units to 427,526;*
- ✓ *Increases blood product preparation from 16% to 30%;*
- ✓ *Increases cornea distribution from 96 to 255*

Strategic initiatives and Main Activities

- **Strengthen community awareness activities to increase blood collection from volunteers;**
 - Develop awareness raising materials.
 - Disseminate prepared materials to the public using different media outlet.
 - Conduct community mobilization and awareness activities;
 - Ensure that the community does its part based on the knowledge that is created;
- **Mobilize finance required for blood donation;**
 - Update blood donor recruitment registration and handling procedures.
 - Strengthen the cooperation system of the blood transfusion service.
 - Implement screening for pathogens that can be transmitted during blood transfusions.
 - Conduct tests to determine blood type and compatibility.
 - Improve blood product preparation and transport systems.
 - Monitor the process from blood collection to blood use.
 - Ensure the quality of blood and eye services.
 - Expand and strengthen the capacity of regional blood banks.

7.5. Enhance Public health emergency and disaster risk management, and post conflict Recovery and rehabilitation

7.5.1. Public health emergency and disaster risk management

Targets

- ✓ *Increase weekly surveillance timely report coverage from 78% to 94%*
- ✓ *Increase percentage of outbreaks controlled within the standard of mortality from 62% to 92%*
- ✓ *Increase weekly public health surveillance data completeness to 96%*

Strategic initiatives and Main Activities

- **Strengthen communicable and non-communicable disease surveillance (Covid-19)**
 - Conduct communicable and non-communicable disease surveillance
 - Conduct a study on HIV/AIDS & TB
 - Conduct study on bacteriological and parasitological
- **Strengthen the safety of traditional medicine & pharmaceuticals and food & nutrition activities**
 - Conduct ethno-medical study on traditional medicine & pharmaceuticals at woreda level
 - Conduct an assessment on traditional medicines to use them as an alternative medicine
 - Conduct efficacy and flavor studies and clinical trials on herbs
 - Conduct research on food and nutrition; and food safety
 - Conduct a assessment on environmental public health risk factors
- **Strengthen activities undertaking in health service delivery**
 - Conduct research on the effectiveness of health service delivery
 - Improve research and development on vaccine test and kits
 - Enhance the quality of secondary data/information and use for decision

- Apply artificial intelligence to health data analysis and to enhance community's health literacy
- Develop guidelines to implement comprehensive data quality assessment and advanced health and spatial data analysis methods
- Increase the use of environmental and health data sets.
- **Strengthen modernization of public health services by implementing & enhancing forecasting, integrated & geospatial analysis & advanced statistical and mathematical methods**
 - Confirm public health emergency incidence
 - Strengthen and implement preparedness and rapid response mechanisms for emergencies;
 - Develop job aid/supporting documents for the control of public health emergencies
 - Identify public health risks and vulnerabilities of major public health emergencies
- **Strengthen continuous surveillance and the control of selected diseases outbreaks that require quick response**
 - Conduct laboratory and epidemiological surveys at selected sentinel sites
 - Conduct-surveys for major public emergencies before their occurrence and program review
 - Collect and verify necessary information regarding public health emergencies and provide for the concerned bodies
 - Implement surveillance system for diseases vulnerable to climate change
 - Conduct regular surveillance of public health emergencies
 - Implement preventive and control measures after a public health emergency is confirmed.
- **Strengthen public health emergency preparedness and readiness**
 - Implement awareness creation activities for the community on emergency and intensive care

- Implement early warning and preparedness system for public health emergency surveillance
 - Conduct disease surveillance in IDPs/refugees camps
 - Carryout rehabilitation works for severe public emergencies
 - Provide mental health, psychological and social support after severe public emergencies
 - Carryout public health emergencies preparedness, response and rehabilitation services
 - Conduct communicable diseases control at major entry and exit points
 - Enhance disaster preparedness and management capacity of woredas
 - Ensuring continuity of basic health services during and after emergency.
- **Strengthen preparedness and response to mass casualties**
 - Prepare epidemic, mass disaster and emergency response plan by identifying universal vulnerabilities
 - Promote the hospital emergency preparedness and response plan guidelines for selected hospital managers and emergency department managers
 - Provide ToT to selected hospital health professionals on mass casualty treatment
 - Provide training for professionals who provide emergency medical services in selected high-risk hospitals to improve mass casualty treatment
 - Conduct supportive supervision on the implementation of mass casualty response plans on selected hospitals'
 - Provide emergency response at national public events and celebrations
 - Support national emergency response team and deploy the team internationally to respond to emergencies/disasters in collaboration with WHO.
 - Provide selected trainings for the national mass casualty response team (MCM, MHPSS, IPC, nutrition);
 - Conduct field training for the national mass casualty response team.

Table 45: The proportion of health facilities with complete and timely weekly diseases report, EFY 2016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Proportion of health facilities with complete and timely weekly report, EFY 2015	%	37%	9%	80%	86%	56%	63%	93%	70%	56%	73%	34%	98%	97%	78%
Proportion of health facilities with complete and timely weekly report, EFY 2016	%	100%	36%	99%	95%	96%	94%	95%	86%	96%	96%	85%	99%	98%	94%

7.5.2. Laboratory & other Diagnostic services

Targets

- ✓ *Increase number of laboratories accredited by the SLIPTA program to 130;*
- ✓ *Enable 2 laboratories to gain international recognition in all their disciplines;*
- ✓ *Enable 10 laboratories to gain international recognition in certain laboratory disciplines;*
- ✓ *Implement Basic Laboratory Quality Management System (LQMS) in 80% of the laboratories.*
- ✓ *Accreditation and leveling of 15 laboratories that have implemented biosafety and biosecurity systems;*
- ✓ *Increase the implementation of laboratory service chapter of hospital transformation guideline from 73% to 85%.*

Strategic initiatives and Main Activities

- **Strengthen basic laboratory quality improvement activities**
 - Implement Laboratory Quality Improvement Program (SLIPTA) activities;
 - Improve the provision of laboratory infrastructure and increase bio-security and bio-safety capacity at national level;
 - Establish basic laboratory quality management;
 - Provide 3,150 routine water physicochemical testing services to customers;
 - Providing 106,272 referral testing services (HIV, TB, Chemistry, PT and PTT)
 - Enable laboratories to obtain ISO 15189 and/or 17025 accreditation;
 - Support national competency testing/external quality assurance centers;
 - Strengthen laboratory quality control system and conducting capacity building activities
 - Enable clinical chemistry laboratory tests to obtain ISO quality assurance accreditation

- **Strengthen and expansion of laboratory services**
 - Provide quality and standard laboratory testing services;
 - Provide clinical referral services and laboratory referral testing for rabies;
 - Support regional laboratories in conducting quality assurance (REQAS) activities;
 - Implement and expansion of Laboratory Information System (LIS);
 - Implement laboratory services quality management system;
 - Strengthen and upgrade bio-equivalence of drugs research center to meet World Health Organization standard;
 - Apply good clinical laboratory practice principles.

- **Strengthen the implementation of external quality control system;**
 - Prepare and distribute 511 quality assurance samples;
 - Engage 200 laboratories in external quality control system (IEQAS);
 - Support and monitor 100% quality assurance samples (EQA) distribution and sample results and feedback;

- **Improve and strengthen diagnostic services;**
 - Conduct consultative forums to enrich the diagnostic services strategy with stakeholders and advocate the strategy ;
 - Develop national guidelines for standardization of diagnostic devices;
 - Provide quality management training to experts from regions and selected hospitals;
 - Revise the list of national diagnostic services;
 - Develop diagnostic medical devices implementation guideline ;
 - Conduct performance evaluation focused on improving the quality of diagnostic services;
 - Conduct a study on diagnostic test results of diagnostic devices..

7.5.3. Post Conflict Recovery and Rehabilitation

Strategic initiatives and Main Activities

- **Enhance Coordination of Public Health Emergency (PHE) Response:**
 - Facilitate Interdisciplinary Cluster Meetings to involving stakeholders in Health, Water, Sanitation, Hygiene (WaSH), Nutrition, Food, Agriculture, and Protection sectors
 - Collaboratively formulate action points to address PHE challenges.
 - Generate Agendas and action points for partners during cluster meeting:
- **Foster synergy and collaboration among cluster participants.**
 - Present Critical Action Items and Highlight key action items before the Management Committee, Joint Steering Committee (JSC), and Joint Coordination Committee (JCC) to ensure informed decision-making.
 - Support to Regions according to their priorities and implement of the Recovery plan accordingly
 - Provide assessment to regions in the Damage Assessment Studies to ascertain the extent of the impact on the affected regions.
 - Offer Technical Aid to Regional Health Boards (RHB) to extend technical expertise and guidance to Regional Health Boards to facilitate a more effective response to public health emergencies.
 - Collaborate with Partners to engage during the design phase of their interventions
 - Lead the Recovery Endeavor to identify vital recovery needs of requirements to guide the planning and allocation of resources effectively.

- Evaluate Existing and Potential Resources for recovery process, including personnel, infrastructure, and funding.
- Formulate a Comprehensive Recovery Plan to address the problems of the regions.
- Support Procurement of items like Furniture for Damaged Facilities to address the Furniture Losses like chairs, tables, and other furniture resulting from the conflict.
- Conduct Resource Mobilization and Budget Utilization
- Draft and submit grant proposals to secure additional resources for emergency response and recovery activities.
- Prioritize Intervention and allocate the resources accordingly to support various interventions in regions
- Response to Conflicts and Outbreaks in Collaboration with EPHI
- Facilitate Commodity Transportation in collaborate with partners, the EPHI and EPSS.

7.6. Improve Health system Capacity and Regulation

7.6.1. Governance and leadership

Targets

- ✓ *Increase the hospital leadership and management score 80% to 85%*
- ✓ *Increase proportion of PHCUs (Health centers) implementing Community Score Card from 71% to 76%*
- ✓ *Increase number of hospitals implementing GGI from 64 to 104*
- ✓ *Increase number of woredas implementing managerial accountability from 7 to 40*
- ✓ *100% finalized knowledge transfer and management system implementation framework*

Strategic initiatives and Main Activities

- **Design and implement social accountability strategies**
 - Finalize the Health Sector Social Accountability /HSSA/ Strategy document
 - Implement Community Score Card /CSC/ at selected 144 new health centers
 - Support and strengthen CSC implementation at 200 woredas with low performance
 - Strengthen the implementation of managerial accountability.
- **Strengthen implementation capacity**
 - Finalize knowledge management strategy in the health sector
 - Provide training on reform tools
 - Provide training on knowledge management
 - Prepare best practice session for top performer MOH employees
- **Strengthen implementation of Good governance**
 - Prepare health sector good governance package
 - Monitor and evaluate good governance plan implementation
 - Conduct impact assessment at 15 hospitals in which GGI assessment was conducted
 - Conduct GGI assessment at 40 new hospitals

- **Implement High Impact Leadership (HiL) Program**
 - Conduct High Impact Leadership (HIL) Technical working Group (TWG) meetings
 - Finalize HIL document through engaging key stakeholders
 - Endorse HIL Program document & Disseminate the HIL program document
 - Develop training modules for a high-impact leadership program and endorse as CPD course
 - Digitize the High Impact Leadership Program Training Modules in MOH -eLearning platforms
 - Provide HIL program training for leadership at all levels of healthcare (strategic, middle and lower level)
 - Conduct experience sharing on HIL program in -country and abroad
 - Design national HIL program database
 - Develop and incorporate HIL Program metrics as part of the Quality and equity -adjusted indicator manual

- **Strengthen the Implementation of Clinical Leadership Improvement Project/CLIP**
 - Revise CLIP document based on the mid-term evaluation findings
 - Conduct CLIP Mentorship in CLIP targeted Hospitals
 - Organize experience sharing workshop among targeted Hospitals
 - Design Professional diploma in clinical leadership program(PDiCL) project and mobilize resources implementation
 - Conduct CLIP program End-term evaluation

- **Strengthen succession focussed Leadership Incubation Program (SF-LIP)**
 - Revise CLIP document based on the mid-term evaluation findings
 - Conducting consultation workshops with relevant stakeholders regarding the succession focussed Leadership Incubation Program (SF-LIP)
 - Revise and disseminate LIP program document
 - Mobilize resources to facilitate the implementation of SF-LIP
 - Identify industries/ institutions and conduct experience sharing regarding the SF-LIP

▪ **Improve the implementation of Reform tools**

- Follow up and support the implementation of Alliance for Service Improvement (ASI) at all MoH departments
- Follow up and support the implementation of citizen's charter at all MoH departments
- Implement and mainstream Kaizon management philosophy at selected hospital
- Conduct a survey on the effectiveness of the new organizational restructuring

▪ **Improve grievance handling and response system**

- Implement digital technology supported external customer grievance handling platform
- Conduct internal and external customer satisfaction survey
- Implement quick win information displays at MoH

Table 46: Proportion of primary health care facilities implementing Community Scorecard, EFY 016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Number od HCs	#	724	425	3429	11612.00314	1779	5619	2066	138	680	29	5	50	96	26,652
Number of Primary Health Care facilities implementing Community Score Card , EFY 2015	#	59	35	2,355	12,662	494	4,773	1,563	118	573	29	5	47	94	22,748
	%	13%	24%	75%	81%	12%	40%	80%	84%	78%	92%	62%	92%	97%	71%
Number of Primary Health Care facilities implementing Community Score Card, EFY 2016	#	398	298	3,086	10,451	516	2,810	1,859	124	598	28	4	49	96	20,317
	%	55%	70%	90%	90%	29%	50%	90%	90%	88%	98%	70%	98%	100%	76%

7.6.2. Health Workforce

Targets

- ✓ *Reduce the attrition rate of health professionals from 10% to 7%;*
- ✓ *Increase the ratio of health professionals to 1,000 population from 2.22 to 2.3*
- ✓ *Increase the ratio of doctor and specialist to 10,000 population from 1.29 to 1.31*
- ✓ *Increase the ratio of health officers to 10,000 population from 1.65 to 2.39*
- ✓ *Increase the ratio of nurses to 10,000 population from 7.1 to 7.3*
- ✓ *Increase the ratio of midwives to 10,000 population from 2.21 to 2.34*
- ✓ *Coverage of health facilities that meet the health facility staffing standard*

Strategic initiatives and Main Activities

- **Strengthen health sector workforce planning and data utilization**
 - Implement the Health Sector Human Resource Information System (iRHIS) at woreda level
 - Implement the National Health Workforce Accounts (NHWAs)
 - Prepare annual health sector human resource information document
 - Implement the health sector human resource strategic plan
 - Compile the attrition rate of health professionals information
- **Strengthen the practical education and training program provided by health institutions;**
 - Improve health facilities and academic institution connections/relationship
 - Provide helpful books/job aids and skills training resources for selected health facilities
 - Train emergency surgeons at selected health centers
- **Strengthen the Qualification Framework of health professions**
 - Coordinate the acquisition of accreditation for five health profession programs
 - Implement scope of work of 112 specialty & sub-specialty professions

- Develop a competency framework for health science professions
 - Launch five new health professions and prepare a performance measurement framework for teachers
 - Coordinate the recruitment and training of students in the field epidemiology program
 - Conduct a study to determine the changes brought by field epidemiology training program.
- **Strengthen the medical specialty and subspecialty training program**
 - Conduct quality audits on selected programs of medical specialty training
 - Strengthen the medical subspecialty training program
 - Support the deployment of specialist doctors sponsored by the Ministry of Health
 - Establish medical specialty program admission system based on performance and service ;
 - Conduct a study to identify the changes brought by Medical Specialty Training Program (ERMP) in health service delivery
- **Strengthen the system and resources mobilization to improve the continuous professional development system;**
 - Link professional license renewal with continuous professional development system
 - Revise the continuous professional development manual
 - Advocate the continuous professional development database for stakeholders and implement it
 - Improve the continuous professional development platform
 - Establish profession type, qualification criteria and system for continuous professional development
 - Incorporate training provided by various partners into the system

- **Strengthen implementation capacity of Health workforce by establishing a service-oriented competency improvement system and implementing incentive frameworks for health sector workers**
 - Finalize the health sector incentive framework and follow & coordinate its implementation
 - Renovating the dormitories/houses of duty professionals in health institutions
 - Create model facility for health professionals' office practice
 - Conduct a survey to identify gaps in implementation capacity
 - Identify training and education institutions and employees who need education
 - Search for long and short-term domestic and foreign education and training opportunities
 - Support & monitor education and training to be provided in the selected institutions.

- **Develop regulations and guidelines to improve efficiency and management and strengthen its implementation**
 - Develop an incentive package for employees
 - Implement health professionals career development timely
 - Develop training and education recruitment guideline
 - Develop a manual to digitize archive and information management and make it accessible to stakeholders;
 - Modernize the archive and information system for decision-making
 - Implement activities to improve the good governance system in human resource management
 - Implement activities to strengthen the supervision and monitoring system of resident doctors

7.6.3. Public Health infrastructure

Targets

- ✓ *Increases construction of AHRI building to 100%*
- ✓ *Increases construction of Alert trauma hospital to 65%*
- ✓ *Increases construction of Alert dermatology and plastic surgery center to 15%*
- ✓ *Increases construction of emergency hospital to 25%*
- ✓ *Increases construction of St. Peter diagnostic center to 30%*
- ✓ *Increases construction of MOH central store to 25%*
- ✓ *Increases construction of Amanuel hospital staff residence to 50%*
- ✓ *Increases proportion of health facilities with improved water supply from 58% to 73%*
- ✓ *Increases proportion of health facilities with electricity from 76% to 84%*
- ✓ *Increases proportion of health facilities that meet Ethiopian health facility standard from 53% to 65%*
- ✓ *Increases proportion of health facilities with sanitation facilities from 76% to 78%*
- ✓ *Increases number of 2nd generation health posts constructed to 40*

Strategic initiatives and Main Activities

- **Improve the provision of tertiary medical services by performing various construction works with the budget approved by the government**
 - Construct Alert 2B+G+8 eleven-story trauma building, which was started in the 2011 fiscal year,
 - Complete the construction of the AHRI 2B+G+6 nine-storey modern laboratory, research and administration building, which was started in the 2011 fiscal year;
 - Start the construction of Amanuel Hospital staff residence 2B+G+12 building;
 - Supervise the construction of the ALERT 2B+G+8 eleven-story trauma building;
 - Supervise the construction of Alert Dermatology and plastic surgery (2B+G+8) 11-storey building f

- Construct Amanuel mental health and general emergency hospital 2B+G+8 building
 - Commencement of construction of St.Peter diagnostic center
 - Construct Gefersa mental health Center
 - Carry out necessary monitoring activities to complete 5% of the construction of EkaKotebe ENT Treatment Center 2B+G+7
 - Monitor the construction of warehouse and modern garage for the ministry.
- **Strengthen medical services by building various health facilities by budgetary support from World Bank.**
- Complete the consulting work in the construction of the Ethiopian Public Health Institute continental BSL3 laboratory
 - Follow-up the construction of Ethiopian Public Health Institute continental BSL3 laboratory to reach to 10%
 - Complete 30% of the construction of the PT panel, bio bank, main warehouse and laboratory equipment maintenance building of the Ethiopian Public Health Institute
 - Complete 60% of the construction of 12 regional laboratories started in 2014
 - Complete 25% of the construction of Denbidolo Regional Laboratory
 - Complete 25% of construction of Metema and Maichew laboratories
 - Complete the renovation of Aksum Medical Workshop maintenance Center
 - Complete the construction of Lare and Kurmic Quarantine Center;
 - Complete 50% of the renovation work of Addis Ababa Airport quarantine center
 - Complete renovation of Galafi Quarantine Center
 - Complete 25% of the renovation and upgrading of laboratories in Adama, Bahirdar, Hawassa and Mekele cities

- Complete the construction of electromechanical and pipe lines in Alert, Paulos, Eka Kotebe and Ministry of Health water wells
- Complete the construction of ACDC projects by carrying out monitoring and control activities
- Perform environmental and social safeguarding activities and providing various trainings
- Conduct environmental and social impact assessment
- Construct Ethiopian Food and Drug Laboratory 2B+G+6 building,
- Complete 50% of the construction of the Ethiopian pharmaceuticals supply service medicine cold room
- Complete the installation of 10,000 and 50,000 liters water tankers for health institutions
- Complete the renovation of 4 federal and 5 regional hospitals that has served as COVID 19 centers ;
- Complete 50% of renovation of 399 war-affected health centers (Oromia, Amara, Tigray, Afar and Benishangul regions).

▪ **Improve the infrastructure quality of basic health facilities.**

- Complete the construction of 725 health facilities that are under construction in all regions with 50-50% matching fund
- Complete 50% of the clean water supply construction for 300 health centers that are providing services in all regions with 50-50% matching fund
- Complete 50% of solar electricity supply to 300 health centers that are providing services with matching fund in all regions.
- Complete 50% of the construction of 1,200 basic health centers in all regions with 50-50% matching fund
- Complete 50% of the construction of 185 comprehensive health posts in all regions with 50-50% matching fund
- Complete 50% maintenance of 100 GTZ affected health centers by 50-50% matching fund in all regions.

- Complete 50% of the construction of 150 new health centers in regions that have low coverage with 50-50% matching fund
 - Complete the construction of the remaining 3 regional laboratories
 - Complete 80% of the construction of Wonchi Park health center
 - Complete the construction of one-stop shop centers in selected hospitals
 - Complete the construction of the remaining 2 ambulance stations in Addis Ababa
 - Complete 50% of the construction of COVID 19 treatment centers in 5 regional cities with budget support from the Global Fund.
- **Strengthen health system by preparing standard design and monitoring its implementation.**
 - Complete the standard design of cancer (Oncology) centers,
 - Complete the standard design of Cardiac centers,
 - Complete the standard design of renal care centers,
 - Complete the standard design of urban health center cancer (Oncology) centers,
 - Complete the detail design of mental health rehabilitation centers by internal capacity
 - Complete the designs of the Gefarsa center by evaluating and certifying the design prepared by consulting firms
 - Complete the design of EkaKotebe ENT center by evaluating and certifying the design prepared by consulting firms

▪ **Strengthen tertiary medical services by carrying out various constructions**

- Make payment for consultancy services for construction of 2B+G+8 eleven storey building of Alert Trauma Hospital;
- Making payment for consultancy services for the construction of AHRI Research 2B+G+6 nine-storey modern laboratory, research and administration building;
- Make payment for consultancy services for the construction of 2B+G+12 building of Amanuel Hospital staff Residence;
- Make payment for consultancy services for the construction of Alert Dermatology and plastic surgery 2B+G+8 building;
- Make payment for consultancy services for the construction of 2B+G+8 building of Emmanuel Mental and Emergency Treatments;
- Make payment for consultancy services for St Peter diagnostic center 3B+G+3 building
- Make payment for consultancy services for Gefersa Mental Hospital Center building consultant services
- Complete the consultant service fee for the construction of EkaKotebe ENT center 2B+G+7 building
- Complete the consultancy service fee for the construction of warehouse and modern garage of the Ministry.

Table 47: Proportion of health facilities electricity, EFY 016

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Percentage of Health facilities with electricity, water supply and functional sanitation facilities, EFY 2015	%	65%	65%	75%	78%	52%	70%	80%	80%	75%	52%	79%	77%	100%	76%
Percentage of Health facilities planned to have with electricity, water supply and functional sanitation facilities , EFY 2016	%	85%	53%	84%	88%	65%	79%	89%	94%	78%	84%	88%	87%	100%	84%

7.6.4. Health Information and Research

Targets

- ✓ Increase report Timeliness of public health institutions from 75% to 92%;
- ✓ Increase report Completeness of public health institutions from 85% to 93%;
- ✓ Increase report completeness of private hospitals from 75% to 90%;
- ✓ Increase report timeliness of private hospital from 15% to 75%;
- ✓ Increase health information use index from 78% to 85%;
- ✓ Increase proportion of health facilities with less than 10% average score of LQAS to 86%;
- ✓ Increase Birth notification coverage from 75% to 81%.
- ✓ Increase Death notification coverage from 4% to 9%;
- ✓ Increase proportion of woredas implementing pastoral e-CHIS from 10% to 50% of districts;
- ✓ Increase number of health posts implementing agrarian e-CHIS from 800 to 2,350;
- ✓ Increase number of woredas that develop Woreda Based Health Sector Plan using the software from 84% to 100% Woredas;

Strategic initiatives and Main Activities

- **Strengthen harmonization and alignment health sector;**
 - Finalize, print and distribute health sector midterm development and investment plan;
 - Advocate/promote the health sector midterm development and investment plan
 - Finalize EFY 2016 woreda -based health sector core plan;
 - Revise planning guidelines and conduct capacity building on the revised guidelines;
 - Enrich the woreda based planning software by incorporating the feedbacks provided ;
 - Follow up MOH comprehensive plan development software;

- Complete preparatory activities to develop EFY 2017 health sector plan;
 - Prepare EFY 2017 draft health sector core plan and enrich the document by the executive offices of the Ministry of Health and agencies ;
 - Complete preparatory work to develop MOH 2017 comprehensive plan.
- **Strengthen program-based budget planning;**
 - Prepare quarterly program budget performance report and submitted to Ministry of Finance
 - Develop a program-based budget action plan for EFY 2016
 - Develop MOH program based budget for EFY 2017;
- **Strengthen routine health information system;**
 - Align the Community Health Information System with the Health Extension Package optimization Roadmap;
 - Conduct an in-depth survey to design strategies for agrarian community health information system;
 - Revise and disseminate urban community health information systems and incorporate the reporting into the routine information systems;
 - Provide financial, technical and material support for pastoral community health information system supportive supervision and performance evaluation;
 - Provide refresher training on pastoralist community health information system.
- **Expand implementation Electronic Community Health Information System (eCHIS) ;**
 - Launch pastoralist community health information systems in health posts that have not yet started the implementation Monitor and support health posts to provide services using all eCHIS modules;
 - Launch urban eCHIS in selected pilot implementation cities;
 - Create e-CHIS all modules implementating demonstration woredas in all regions ;

- Support the interoperability of e-CHIS and DHIS-II Coordinate the implementation of individual identification fingerprints and implement in few woredas;
 - Develop curriculum and training manuals in collaboration with CBMP universities.
- **Strengthen birth and death notification system;**
 - Provide support to regions to strengthen birth and death notification at the community level;
 - Conduct joint monitoring supportive supervision and joint performance evaluation with key stakeholderstwice a year;
 - Provide support and follow-up digitization of cause of death notification
 - Support and follow-up the completion of started CRVS birth and death notification applications;
 - Provide training and awareness raising on birth and death notification to leaders at all levels;
 - Provide training to hospitals on cause of death and death notification Integrate cause of death notification and ESV- ICD 11 in the pre-service training curriculum at selected universities;
 - Initiate community cause of death notification system in facilities that have not yet started;
 - Support the creation of model institutions in birth and death notification.
 - **Improve and strengthen information access and use;**
 - Conduct a survey on system of data use arrangements in selected health facilities Conduct quarterly performance reviews of the Ministry of Health;
 - Prepare and distribute quarterly performance reports using the woreda Transformation Dashboard;
 - Revise the Woreda Transformation Dashboard to be suitable for urban settings;

- Prepare and distribute performance reports to Management, EC, JCCC, JCF, and JSC forums;
- Prepare and disseminate annual performance reports of the sector;
- Prepare and distribute disbursement linked indicators (DLIs) performance report bi-annually “Integrate DHIS2 with PowerBI to develop and use 5 dashboards for analysis;
- Integrate COVID 19 information system with other information systems through EHDAP;
- Develop a dashboard showing the performance of the health sector with selected indicators and make it accessible to the community once in a year;
- Prepare and distribute evidence based data analysis training report
- Prepare a report based on data science theory;
- Develop and approve Health Information Utilization Procedures (SOP);
- Conduct annual national analysis on RMNCH related SDG 2030 targets in collaboration with EPHI;
- Provide training to war-affected health facilities;
- Expand the implementation of DHIS-2 to strengthen the Covid-19 Surveillance Information System;
- Conduct two Rapid Cycle Health Facility Surveys and distribute reports;
- Finalize and promote information system implementation guideline;
- Conduct assessment on private and other government health facilities information system;
- Conduct supportive supervision on pilot information system implementation at physical rehabilitation centers ;
- Implement Wellness Pass Solution in 2,000 health facilities
- Organize an EMR forum once in a year.

- **Strengthen health information revolution at national level:**
 - Provide training in woredas selected for IR implementation;
 - Increase the number of IR model health facilities from 131 to 250
 - Provide financial support for IR plan preparation at woreda level;
 - Monitor IR implementation and provide quarterly feedback;
 - Review the implementation of IR performance twice a year with stakeholders;
 - Verify IR model woredas and health facilities and provide recognition ;
 - Provide TOT based on the Mentoring Short Term Training Curriculum.

- **Strengthen CBMP performance coordination, monitoring and support activities;**
 - Monitor the implementation of IR and provide quarterly feedback Finalize and approval of Centers of Excellence Implementation Manual and conduct one CBMP induction workshop;
 - Prepare and approve demonstration sites implementation guideline

- **Consolidation of various research activities;**
 - Develop and implement a data warehouse for organizing policy, strategy research and development;
 - Establish Health sector research advisory team ;
 - Identify priority research areas in the health sector;
 - Carry out research activities in coordination with various program owners;
 - Build capacity to conduct evaluation researches;
 - Establish a demonstration center to increase access to scientific information in an organized manner and to demonstrate new or improved technologies or tools;
 - Create research-industry linkages to utilize new or improved research technologies;

- Enhance community engagement in research activities by increasing dissemination and utilization of research results;
 - Conduct basic biomedical, clinical and epidemiological research on communicable and non-communicable diseases that generate new knowledge;
 - Conduct research and health innovations that may lead to new and improved medical devices, drugs, vaccines, antibodies and medical biotechnology;
 - Conduct operational and applied, evidence-based research on communicable and non-communicable diseases;
 - Conduct clinical trials involving traditional and modern medicines, vaccines, antibodies and medical devices;
 - Conduct research involving local and international stakeholders and partners.
- **Strengthen evidence informed decision making through evidence synthesis, policy analysis and knowledge transfer**
 - Strengthen the preparation and implementation of legal frameworks, strategies and guidelines.
 - Collect, analyze strategic plans prepared by each department and verify their implementation and alignment;
 - Develop health sector research roadmap Conduct national research landscape survey;
 - Develop health sector standard preparation guideline
 - Print and ensure accessibility of Health research roadmap and policy & research strategic framework
 - Introduce policy, strategy and research strategic framework to stakeholders;
 - Establish policy, strategy and research outputs sharing system Publish 75 scientific articles in well-known scientific journals and develop 13 information to be distributed through different medias.

Table 48: Proportion of health facilities with complete report, EFY 015

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Proportion of Health facilities with complete reported in, EFY 2015	26%	69%	94%	83%	69%	52%	90%	93%	96%	49%	97%	94%	93%	85%
Proportion of Health facilities Planned with complete reported in, EFY 2016	90%	90%	95%	93%	77%	95%	99%	99%	93%	92%	89%	100%	99%	93%

7.6.5. Enhance Digital health technologies

Targets

- ✓ *Implement 3 new/improved digital health solution technologies*
- ✓ *Develop and implement 3 new digital health solutions*
- ✓ *Create four paperless woreda by implementing digital health systems*
- ✓ *Evaluate, register, certify and institutionalize 25 digital health technology*

Strategic initiatives and Main Activities

- **Strengthen Digital Health system Governance**
 - Facilitate development and ensure implementation of digital health strategies, guidelines, procedures and roadmaps
 - Ensure interoperability of available digital health solutions Administer Digital health solutions, ensure sustainability and register
 - Conduct an assessment (research) to determine the maturity status for selected digital health solutions and improve national digital health solutions implementation
 - Conduct Quality Assurance for 10 Selected digital health solutions
- **Strengthen the implementation of Community and institution based Digital Health Solutions**
 - Expand implementation of National eHMIS/DHIS2 in public and private health facilities
 - Implement Wellness Pass and Client-based Smart Card solutions
 - Expand electronic medical record (EMR) implementation in health facilities
 - Implement digital Technology supporting performance based financing
 - Implementing/Expanding Supply Chain Management Information System (Pharmaceuticals and medical devices)
 - Enhance the implementation of Unified Nutrition Information System Ethiopia (UNISE/ DHIS2)

- **Expand and Strengthen Shared digital health services**
 - Enhance master facility registry (MFR) system incorporating additional services
 - Establish data warehouse System to facilitate research, data analysis and decision making
 - Establish health geospatial system (geo-location)
 - Implement Integrated Human Resource Information System (iHRIS)

- **Strengthen Digital Health innovation**
 - Customize and pilot Online patient booking platform on selected hospitals
 - Strengthen the Digital health innovation hub services
 - Implement Tele-Health platforms in SBFR hospitals and improve the continuum of care
 - Improve Digital Health by using and bench marking world- wide best practices and experiences in implementing digital health solutions

- **Improve Digital Health Infrastructure**
 - Expand the implementation of National HealthNet to health facilities
 - Expand the capacity of the National Data Center
 - Expand the capacity of the disaster recovery data center and provide services
 - Strengthen the national Call Center(support center) and Provide support

- **Strengthen the deployment of Electronic Community Health Information System**
 - Develop and incorporate the feedbacks and requirements of the Agrarian Module and integrate it to eHMIS/DHIS2
 - Customize the Pastoralist module of eCHIS like that of the Agrarian Module
 - Improve the Urban eCHIS Family folder development and piloting
 - Improve the requirement of eCHIS and develop dashboard
 - Develop/Implement a platform to manage eCHIS equipment(Tablets, SIM card and others) and follow up
 - Procure 3,000 Tablets and SIM Card to expand the implementation of eCHIS

▪ **Support the end to end Medical service system with EMR system**

- Customize the EMR System Modules as per the current practice in the health facilities
- Conduct assessments on selected health facilities and fill the gap based on the availability of resources
- Implement the EMR system on selected health facilities by providing Technical support, Trainings and follow up
- Conduct workshops, trainings and forums on EMR system implementation

7.6.6. Regulation of Food, Medicines, Equipment, and Other Health Products

7.6.6.1. Food & Drug Regulation

Targets

- ✓ *Provide market license for 2,630 food types.*
- ✓ *Increase proportion of local food establishments inspection from 87.3% to 90%*
- ✓ *Increase number of food types in which Post-market quality control conducted from 48 to 52*
- ✓ *Increase number of drug types registered and issued market license to 1,200*
- ✓ *Increase proportion of drug importers and wholesalers regulated from 52.6% to 100%*
- ✓ *Increase proportion of imported drugs to which Post-market quality inspection (PMS) conducted) to 45%*

Strategic initiatives and Main Activities

- **Improve community awareness about regulation on food, medicine and other products.**
 - Conduct live radio and television discussions on regulated products;
 - Disseminate timely and quality information about regulated products to the community through print media.

- **Strengthen collection and responses activities about community suggestions.**
 - Receive information and comments that can be input for regulatory activity;
 - Provide appropriate feedback by receiving information and comments that can be input for regulatory activity;
 - Conduct a survey to check the level of readiness of regions to implement the regulatory activities with the health extension program.

- **Strengthen rapid response operations for drug and food product registration.**
 - Fully implement risk-based drug registration strategy;
 - Fully implement drug registration dates based on the strategy;
 - Perform additional food registration through document review;
 - Evaluate documents children’s and other different types of food registration.
 - Conduct notification/registration for specific food products.

- **Strengthen risk-based food safety inspection in food products.**
 - Conduct pre-license inspections on food manufacturing establishments and provide certification of qualifications;
 - Conduct pre-license inspections on food importers and distributors;
 - Conduct risk-based post-license food safety inspections on food manufacturer
 - Conduct risk-based post-licensing food safety inspections on food importers and distributors;
 - Provide risk-based food safety control and issue a release permit for imported food products into the country.

- **Strengthen Consignment of food, post-market food quality assurance and inspection systems in food establishments.**
 - Work on food institutions to establish an internal quality assurance system;
 - Instruct food importer and distributor to establish internal quality system.

- Conduct quality inspection of food consignments;
 - Conduct post-market quality testing on selected food types;
 - Conduct quality testing on suspected food samples.
- **Strengthen regulation on circulation of unsafe and illegal food products in the market**
 - Conduct surveillance and operations on food adulteration;
 - Perform quality testing on samples of adulterated food types;
 - Conduct surveillance on food products in food market centers and food retail establishments;
 - Identify types of food that can be suspected food adulteration through developing an advanced diagnostic method.
- **Strengthen drug registration and inspection.**
 - Provide market license for a new SRA drug by ensuring quality, safety and efficacy Provide market license for a new drug molecules;
 - Provide market license for a new biological and vaccine drugs and generic drug;
 - Ensure the quality, safety and efficacy of low risk level drugs.
 - Conduct pre-license inspection and provide qualification certificates for local manufacturers.
 - Conduct a pre-license inspection and provide qualification certificates to importers and exporters.
- **Strengthen activities to improve post-market research and proper use of medicines.**
 - Conduct surveillance and necessary operations on substandard and counterfeit, Illegal drugs and business trafficking.
 - Ensure proper disposal of health commodities and equipments that cannot be used for various reasons
 - Evaluate proposal of establishment to build new pharmaceutical factories which will be shared by the the Investment Commission.

- Update the National Drug Formulary;
 - Complete the collection and analysis of consumption data on the use of antimicrobial drugs imported into the country;
 - Conduct regulation on health institutions to control the proper distribution and prescription of drugs.
 - Conduct a survey on good national drug prescription system performance.
- **Strengthen drug quality control and pharmacovigilance activities.**
- Perform pre-registration drug quality testing;
 - Conduct consignment quality inspection of imported drugs/locally produced drugs before distribution to the market;
 - Perform regular regulatory inspection on exit and entry lines
 - Collect ADE reports from different areas and send to World Health Database;
 - Conduct face-to-face discussion about side effects of drugs/ADE in the health facilities;
 - Setting up a monitoring system and conduct inspections for safety screening of new anti-HIV drugs at selected institutions;
 - Collect monthly reports to study the side effects of the Covid-19 vaccine /AEFI/.
 - Strengthen narcotic and psychotropic substances and medical regulation
 - Issue special licenses for narcotic and psychotropic drugs and precursor chemical drugs;
 - Send the use and trafficking of narcotic and psychotropic drugs reports to the INCB;
 - Conduct surveillance to identify and take action against illegal medical experiments
 - Provide license to purchase narcotic and psychotropic drugs prescription.
 - Carry out medical device registration and quality control activities;

- Strengthen inspections of institutions of medical equipment and notify before cosmetic products enter the market;
 - Review new medical devices by regulatory bodies;
 - Give Non In Vitro diagnostic market license (NIVD) for new medical equipment
 - Perform microbiological quality testing of medical equipment;
 - Conduct post-market regulatory activities.
 - Conduct inspections on medical device manufacturers;
 - Conduct pre-inspection license and give certificate to medical equipment importers/exporters;
 - Perform risk-based auditing on local medical device manufacturers and distributors;
 - Perform pre-license inspections and Provide certification of competence for cosmetic product manufacturers
 - Conduct post-license inspections for cosmetic product manufacturers.
- **Strengthen tobacco product control and quality control.**
 - Increase smoke-free public gathering places;
 - Carry out illegal tobacco production regulatory activities;
 - Perform internal audit on drug institution inspection department
 - Strive for international recognition of selected food quality and safety testing parameters
 - Conduct supportive supervision on selected departments about functionality of Kaizen philosophy

7.6.6.2. Regulation of health and health related institutions and professionals

Targets

- ✓ *Increases coverage of health facilities fully implementing health facilities standard from 62% to 68%*
- ✓ *Increase proportion of health related institutions that implement national standards for health institutions hygiene and environmental health to 25%*
- ✓ *Increase inspection of food and drink establishment institutions from 41% to 53%*
- ✓ *Increase proportion of health facilities where clinical audit was done from 90% to 110%*
- ✓ *Increase percentage of health institutions registered on MFR with service domain from 70% to 90%.*
- ✓ *Increase coverage of health professionals who have active license from 72% to 90%*
- ✓ *Increase number of health professions (cadres) which are included in competence assessment from 13 to 18.*

Strategic initiatives and Main Activities

- **Enhance community and stakeholder participation and ownership on regulation**
 - Disseminate regulatory information to the community using different media outlets
 - Investigate allegations regarding health and health-related institutions and professionals and take appropriate administrative measures
 - Conduct discussion with stakeholders on health and health related institutions and professionals regulation
 - Prepare an awareness creation forum for media regarding the regulation of health and health-related institutions and professionals
 - Prepare awareness creation forum for stakeholders regarding newly added professions to competency assessment exam
 - Prepare a discussion forum on the results of the competency assessment exam

- **Ensure implementation of laws and standards for health institutions and professionals**
 - Conduct inspection and issue certificate of competency to health institutions under the federal government
 - Renew certificate of competency of health institutions under the federal government
 - Conduct national survey on comprehensive specialized
 - Conduct sudden inspection on selected health institutions in selected cities at non-regular working hours
 - Conduct a facility survey on implementation of national health institutions standards
 - Renew and conduct survey for license to foreign health professionals
 - Revise health professionals registration, licensing and regulation directive

- **Ensure implementation of laws and standards for health related institutions**
 - Conduct hygiene and environmental health inspection on higher education institutions campuses, prisons, refugee camps, and food and drinking establishments of international airports
 - Conduct registration for national health related institutions
 - Finalize the survey conducted on selected health related institutions based on the standards of national hygiene and environmental health

- **Strengthen system of assessment for health professionals competency**
 - Conduct task analysis for newly added professions
 - Develop and review exam blueprint for newly added and selected professions, respectively
 - Administer computerized competency assessment exam
 - Procuring high stake laptop computers used as server of exam
 - Assess the preparedness, identification and monitoring eligibility of centers selected for OSCE

- Provide training for OSCE assessors and develop exam to professional selected for OSCE
- Administer OSCE competency assessment for selected professions
- **Strengthen Master Facility Registry (MFR)**
 - Register service and signature domain data of health institutions at national level
 - Conduct MFR data validation at regional level
 - Provide training regional health regulatory professionals on MFR
- **Introduce and scale up clinical audits**
 - Develop surgery service clinical audit checklist and conduct auditing
 - Conduct clinical audit on the appropriateness of diagnostic investigations prescribed
- **Strengthen medico-legal issue investigation and decision making system**
 - Investigate complaints on health profession's competency and ethics by the health profession's ethics committee
 - Provide capacity-building training for regional health profession ethics committees
 - Provide awareness creation training to media and judiciary bodies about medico legal related issues
 - Review, print and distribute medico legal case-based learning book
- **Strengthen self-regulation of health and health related institutions**
 - Provide training for health institutions to establish a self-regulation system
 - Follow-up health institutions which established a self-regulation system
 - Provide training for regional health regulatory bodies to establish health and health related institutions self-regulation system

- **Strengthen regulatory structure and capacity**
 - Conduct supportive supervision for regional health regulatory bodies
 - Introduce new and revised health and health related institutions standards and checklists for regional health regulatory bodies
 - Conduct review meetings with regional health regulatory bodies

- • **Strengthen digitization of health regulatory system**
 - Digitize health institutions registration, licensing and inspection
 - Facilitate the development of health related institutions registration database
 - Digitize health related institutions inspection checklists
 - Digitize health related institutions registration and licensing
 - Implement IHRIS at Federal level

Table 48: Proportion of food and drinking establishments Inspected, EFY 2016

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Proportion of of food and drink establishments inspected in, EFY 2015	24%	40%	34%	53%	45%	70%	80%	75%	66%	21%	56%	69%	0%	41%
Proportion of of food and drink establishments inspected in, EFY 2016	50%	45%	50%	58%	50%	75%	85%	78%	70%	60%	55%	60%	0%	53%

7.7. Harnessing Innovation for Health System Quality, Equity and Safety

7.7.1. Institutionalized Quality Culture

Targets

- ✓ *Increases patient satisfaction rate from 80% to 84%;*
- ✓ *Reduce inpatient mortality rate from 1.8 to 1.6;*
- ✓ *Increases the hospital leadership and management score from 80% to 85%*
- ✓ *Increases the CASH audit score from 76% to 84%;*

Strategic initiatives and Main Activities

- **Strengthen the Health System Innovation Program.**
 - Innovation Senior Technical Think Tank Group to carry out the implementation in accordance with the TOR;
 - Conduct a consultative program/workshop on the Innovation Guide with stakeholders;
 - Approving and promoting the Innovation Guide;
 - Prepare an awareness platform for members of the innovation team from the Ministry of Health, regional and other institutions;
 - Establish a health innovation laboratory at Ministry of Health and support its establishment at the regional level;
 - Support health innovation and quality training institutions with technical and resources;
 - Conduct a national demand survey/need assessment;
 - Develop a roadmap for health sector innovation needs and implementation;
 - Enhancing and implementing web-based health innovation adoption and data collection;
 - Encouraging innovation activities by developing a Health System Innovation Grant;
 - Conducting the Health System Innovation Summit.

- **Strengthen implementation of System Barriers Focused Reform (Hospital-SBFR)**
 - Support electronic data management for hospitals implementing system barriers focused trial reform
 - Conduct emergency support and monitoring of institutions;
 - Conduct a quarterly performance review on system barriers focused trial reform
 - Completion of Hospital System Development Criteria (Starting Tool);
 - Conduct a first-round performance review of the SBFR;
 - Identify and recognize institutions with high performance through assessment;
 - Expanding the implementation of the first phase of the SBFR with relevant executives;
 - Preparation of implementation guidelines for the second phase of hospitals;
 - Introducing the guidelines to institutions implementing the second phase of hospitals;
 - Prepare an awareness platform for hospitals implementing the second phase of hospitals.

- **Strengthen implementation project of Primary Health Unit System Barriers Focused Trial Reform (PHCU-SBFR).**
 - Approve and introduce the Primary health Unit Focused System Barrier (PHCU-SBFR) trial reform document;
 - Introduce the PHCU-SBFR cascading trial reform document in clusters on hierarchical initiation units;
 - Conduct resource assessment and reconciliation of PHCU-SBFR institutions;
 - Develop and promote implementation protocols at PHCU-SBFR;
 - Conduct regular announced visits to PHCU-SBFR implementing facilities;
 - Conduct cluster-based peer learning workshops.

- **Strengthen work of establishment an innovative private medical center service under government hospitals.**
 - Conduct consultative workshop with stakeholders to develop, finalize and approve the guidelines for private medical services to be established under government hospitals;
 - Promote the guidelines for private medical services to be established under government hospitals;
 - Provide support and supervision to institutions implementing private medical services established under government hospitals.

- **Strengthen System Barriers Focused Reform activities at level of Ministry of Health.**
 - Identify the capacity and gaps of the institutional quality management system at level of Ministry of Health;
 - Prepare institutional quality management system capacity building improvement document;
 - Introduce the institutional quality management system capacity building update document to management members and experts;
 - Support and monitor the implementation of institutional quality management system capacity building
 - Recognition of better performing work units.

- **Strengthen pilot implementation of the revision of the maternal and infant service delivery model.**
 - Prepare an implementation package for revision of the maternal and infant service delivery model;
 - Conduct an assessment on selected health facilities providing maternal and infant services;
 - Support the implementation of package promotion of maternal and infant services in selected institutions.

- **Strengthen implementation of integrated national quality and safety strategy.**
 - Support and monitor the implementation of health care quality, safety and equity strategies in each executive office's plan;
 - Develop a dashboard for selected performance measures Provide quality management-oriented mentoring and coaching support at all levels;
 - Provide feedback on quality and safety performance to executives office's, regional health offices and educational institutions on selected performance measures
 - Conduct a mid-term performance review on the Health Care Quality and Safety Strategy;
 - Revise the Health Care Quality and Safety Strategy;
 - Provide training on quality and safety improvement to regions, hospitals and private health facilities;
 - Audit institutions that have an organization and system that supports quality improvement.

- **Strengthen health care quality and safety education**
 - Assess the effectiveness of existing Learning Alliance platforms;
 - Develop a standard operating procedure (SOP) for health care knowledge management and learning;
 - Publish and distribute quality and safety projects magazine, research paper and policy brief;
 - Provide technical and financial support for the implementation of 30 health care quality projects at health facility level
 - Conduct a national health care quality and safety conference;
 - Finalize the revision of quality improvement training manual and get CPD approval;
 - Inclusion of quality improvement training in e-learning by the Ministry of Health
 - Develop and implement a permanent communication program for quality community-based implementation.

- **Strengthen activities to create quality, safety and innovation centers based on geographical accessibility.**
 - Provide on-site quality and safety training for hospitals based on needs and evidences;
 - Select five institutions by preparing selection criteria for private educational institutions;
 - Launch a quality and innovation project in the five private educational institutions;
 - Improve the quality and safety measurement system and use;
 - Setting up a training platform for quality and safety institutions.

- **Strengthen medical service delivery based on information**
 - Conduct a review on the health sector guideline preparation and implementation system;
 - Provide technical support for all regions to roll out the implementation of Hospital Clinical Audit
 - Promote and monitor the implementation of the revised Hospital Clinical Audit in Learning Centers and SBFR Hospitals;
 - Initiate death audit for quality improvement system in teaching centers and SBFR hospitals;
 - Incorporate clinical audit reporting system to DHIS2.

- **Strengthen the accreditation system of health institutions and services.**
 - Approve and promote the accreditation roadmap for health facilities and services;
 - Provide capacity building training for Accreditation Technical Committee members;
 - Support Health System Innovation and Quality Improvement Lead Executive office to achieve ISO-9001-2015 accreditation. ;
 - Prepare accreditation protocol and operating system (SOP) documents;

- Develop and implement an incentive package for accreditation of health facilities;
 - Conduct an accreditation survey on health institutions that have scored high in the hospital system development criteria.
- **Improve quality and safety implementation of the primary health care unit**
 - Conduct clinical audits and providing feedback;
 - Review and standardize quality improvement training documents;
 - Create and operationalize woreda based regular/formal joint mentorship and coaching pool in collaboration with the regions;
 - Compile and implement of the National Quality and Safety Indicator Catalog of the Primary Unit;
 - Develop and standardize safety training packages, protocols and checklists;
 - Initiate the accreditation in health centers;
 - Implement a district-centered primary unit quality and safety learning culture;
 - Develop implementation guidelines for patient, family and community involvement in quality management and accountability;
 - Select and support ten quality and safety learning health centers;
 - Develop a patient exit survey tool for health centers.
 - **Strengthen the clinical service safety system**
 - Finalize and promote health care safety guidelines;
 - Provide patient safety training to the Minister of Health, health bureaus and SBFR institutions;
 - Celebrate the annual World Patient Safety Day;
 - Complete and disseminate patient safety research;
 - Make health facility environment comfortable for treatment, patient and medical service provider.

- **Strengthen patient safety adverse events surveillance and learning system**
 - Develop and promote patient safety incident reporting and learning protocol;
 - Enhancing a technology-enabled patient safety incident notification application;
 - Implement patient safety improvement projects;
 - organize a patient safety improvement learning platform.

- **Strengthen the Coordination of infection prevention and control program**
 - Formulate a policy statement on the structure of infection prevention and control;
 - Conduct the Technical Working Group meeting on National Infection Prevention and Control program Conducting a review on the strategic plan of the infection prevention and control program;
 - Develop a legal framework for infection prevention and control;
 - Conduct an awareness workshop for health sector leaders involved in infection prevention and control.

- **Strengthen capacity building for implementation of infection prevention and control program.**
 - Identify gaps and organize information to include infection prevention and control in undergraduate and graduate curricula;
 - Provide six-month training to senior health professionals for the second round of advanced infection prevention and control;
 - Provide training of trainers for RHBS and health facilities on infection prevention and control
 - Develop and promote e-learning materials on infection prevention and control;
 - Provide regular training for emerging regions on infection prevention and control Publishing and disseminating workplace guidelines on infection prevention and control;
 - Finalize the supportive supervision and mentorship manual for Infection Prevention

- Provide training for health facilities on the Implementation of multimodal infection prevention and control activities, .
- **Establish and strengthen the infection prevention and control program surveillance, regulatory and evaluation system.**
 - Publish and promote a guideline for nosocomial infection surveillance
 - Provide mentorship support to hospitals that have started implementing infection surveillance systems;
 - Conduct performance evaluations in hospitals that have implemented infection surveillance systems;
 - Provide training on Indicators/Tool of Infection Prevention and Control Program;
 - Collect, analyze, compile and provide feedback on program performance indicators;
 - Conduct performance evaluation on the implementation of infection prevention and control program
- **Strengthen the infection prevention and control program in primary care institutions.**
 - Complete the infection prevention and control program monitoring and evaluation tools (PHCU IPC Assessment Tool) of primary unit institutions;
 - Provide training on infection prevention and control activities and procedures for professionals from relevant bodies;
 - Provide training on M&E tools and reporting of infection prevention and control program Monitor and support the implementation of an infection prevention and control program for primary unit facilities in newly established regions
- **Strengthen the establishment of health equity standards and measurement systems.**
 - Introduce a national health equity assessment;
 - Prepare a policy statement based on the findings of the National Health Equity Survey;

- Develop and promote a national health inequity monitoring manual;
 - Provide training to regions on Health Inequity manual;
 - Incorporated equity centered performance measures in to DHIS2, conduct continuous health equity analysis and disseminating findings for decision-making;
 - Develop a health equity monitoring dashboard;
 - e mobilize resource for health equity implementation;
 - Conduct performance review on health equity
- **Improve access to mobile health service delivery.**
 - Conduct a demand survey for mobile health services and other innovative options;
 - Introduction of Mobile Health Service Implementation Guidelines;
 - Develop a protocol for mobile health services;
 - Develop a training manual for mobile health services;
 - Provide training on mobile health service;
 - Conduct a national level performance evaluation on mobile health services.
- **Improving health system performance.**
 - Conduct an assessment on the performance of national level health system
 - Preparing policy statement on national level health system
 - Dissemination the findings of the National Health System Survey to stakeholders;
 - Perform Need-based health system capacity building in conflict-affected areas and emerging regions

7.7.2. Improve Health Equity and Social Determinants of Health

Strategic initiatives and Main Activities

- **Design and implement Health equity standard and measurement systems.**
 - Disseminate National Health Equity Survey (NHE2023) findings.
 - Develop policy briefs on selected topics based on the NHEs findings.
 - Develop and Introduce National Health Inequity Monitoring Guide
 - Develop and Integrate health In-equity Indicator to the routine DHIS-2 platform and conduct routine data analysis
 - Track Health in-equity through developing electronic health In-equity dashboard
 - Develop National HE data repository platform.
 - Conduct resources mobilization on Health Equity activity implementation

- **Develop and implement Health Equity leveling up project (HELP)**
 - Develop ‘Health Equity leveling up project-HELP” project document.
 - Introduce HELP project implementation document.
 - Provide technical support in the implementation of the Project considering regional contexts.
 - Organize HELP project performance review meetings.
 - Collate best practices/lessons on HELP project implementation and organize learning sessions.

- **Strengthen implementation of Social Determinants of Health project**
 - Conduct joint monitoring on social determinants of health project in 16 implementing woredas Provide training on project-related to social determinants of health project
 - Conduct a performance evaluation on social determinants of health project Conducting a workshop to promote the mid-term review results/findings of the project's
 - Prepare the report on social determinants of health project and get validation .

- **Strengthen implementation of the National Health Equity Strategy in all regions.**
 - Conduct a steering committee meeting on the Health Quality and Equity in a quarterly basis
 - Conduct a technical team meeting on health equity
 - Support and monitor the incorporation & implementation of health care equity strategies in each executive office's plan.

7.8. Improve Pharmaceuticals and Medical devices management and Production

7.8.1. Pharmaceuticals and Medical devices

Targets

- ✓ *Increase supply of essential medicines in health facilities on average from current 76% to 87%;*
- ✓ *Increase the availability of essential medicines at health posts from 79% to 89%;*
- ✓ *Increase the availability of essential drugs at health centers from 88% to 95%;*
- ✓ *Increase the fill rate of all requested medicines from 83.3% to 95%;*
- ✓ *Increase APTS implementation from 404 to 514 health facilities,*
- ✓ *Increase forecast accuracy from 60.25% to 75%;*
- ✓ *Increase Inventory Accuracy Rate from 98.6% to 100%;*
- ✓ *Reduce medicines national wastage rate from the current 3.9 to 3;*
- ✓ *Reduce procurement processing time from the current 194 days to 160 days;*
- ✓ *Increase proportion of clients who received all prescribed medicines from the same health facilities from 83% to 86%*
- ✓ *Increase the number of health facilities implementing antimicrobial stewardship program from 140 to 200*
- ✓ *Improve medical devices functionality from 74% to 80%*

Strategic initiatives and Main Activities

- **Strengthen and improve demand-based forecasting and supply planning for all health commodities including vaccines;**
 - Prepare health program medicines and medical supplies procurement plan every quarter;
 - Conduct need assessment and reconcile the forecast with the available budget;
 - Conduct forecast on time and make purchase orders based on the inventory;

- **Strengthen strategic procurement system;**
 - Prepare and implement procurement strategies according to life-saving, essential and non-essential medicines categories.
 - Monitor and support local drug manufacturers to deliver according to their contractual agreements;
 - Develop medicine selection, pricing and reimbursement strategy
 - Ensure engagement of the private sector in the provision of medicines and medical devices through:
 - Different acquisition modalities and implementing well-streamlined Public Private Partnership for public health logistics

- **Optimize good warehousing, inventory, fleet and distribution management at all levels**
 - Expand warehouse management center of excellence at the head office and branches in all warehouses;
 - Analyze inventory movements, sharing information for stock transfer.
 - Review and update workflows, key performance indicators against best practices;
 - Conduct analysis and review of distribution channels to provide better and timely delivery;
 - Provide feedback on the completeness and timeliness of the Report and Request Form (RRF);
 - Formulate and determine the functions and responsibilities of the health institutions in relations to the servicing branches.

- **Improve and strengthen supply chain management system**
 - Conduct quantification and Initiate procurement of program drugs and medical supplies ;
 - Providing orientation on revolving Drug Fund (RDF) Pharmaceuticals quantification tools and conducting quantification;

- Conduct an assessment survey on budget allocation and utilization for medicine and medical devices in health facilities;
 - Conduct a national survey on the status of an integrated pharmaceutical logistics system;
 - Finalize medicine and medical device policy revision and develop pharmaceutical sectorwide roadmap
 - Finalize oxygen supply chain and financing guide
 - Expand digital information management systems for medicine and medical devices
 - Prepare supply chain management leadership manual and provide training to 600 supply chain managers ;
 - Conduct quarterly national supply chain stakeholders forum
- **Strengthen a resilient emergency supply chain management system for emergency response**
 - Identify products for emergencies and outbreaks response; Initiate procurement and monitor procurement processes;
 - Standardize 5 kits for prevention and control of emergency disease outbreaks;
 - Revise the Emergency supply chain response training manual and providing training to 100 professionals.
 - Prepare a system that will help to provide support for Pre-Import and tax free service requests.
 - Revitalize the integrated pharmaceutical logistics system in 1000 health facilities in conflict affected Afar, Amara and Tigray regions
 - Ensure the national essential medicine and medical device lists are updated
 - Ensure level-specific essential medicines and prioritized medical device lists to primary, secondary, and tertiary health institutions.
 - Implement enterprise resource planning (ERP) at EPSS central and hub warehouses

- Improve affordability of medicines and medical devices through enhancing supply chain efficiency
- Establish and implement track and trace system for medicines and medical devices across the supply chain
- Strengthen medical device management system focusing on standardization of medical device, expanding and strengthening maintenance workshops, establishing refurbishment centers and maintenance referral system, and including for cold chain equipment
- Implement pharmaceutical and medical devices reverse logistics system
- Develop and implement strategies to reduce medicine wastage and implement pharmaceuticals waste management and medical devices decommissioning
- Ensure rational use of medicines and strengthening pharmacy practice
- Improve access to medical Oxygen through strengthening medical oxygen ecosystem and supply chain management at all levels
- Strengthening cold chain equipment maintenance and management system
- Ensure proper medical devices installation and commissioning at health facilities
- Ensure a system for safe handling of medical devices
- Improve community awareness on AMR

7.8.2. Domestic Pharmaceuticals and Medical Manufacturing

Target

- ✓ *Increase the market share of domestic pharmaceuticals and medical equipment manufacturers from 20% to 25%*

Strategic initiatives and Main Activities

- **Strengthening local medicine and medical devices manufacturing**
 - Create strong coordination across the manufacturing ecosystem
 - Establish sustainable financing underpinned by government involvement
 - Create streamlined regulatory environment for local manufacturers
 - Establish system for aggregated demand for local products
 - Expand Manufacturing of Vaccines, Diagnostics, and Therapeutics to ensure access to life-saving medicines and equipment
 - Identify potential support areas such as importing Active Pharmaceuticals Ingredients (APIs) in bulk
 - Collaborate with relevant stakeholders to strengthen local manufacturing capacity, efficiency and continuously capacitate their workforce towards fulfilling international standards such as Good Manufacturing Practice (GMP) certification and WHO prequalification

7.8.3. Traditional medicine

Targets

- ✓ *Integrate traditional medicine with contemporary medicine and increasing the number of traditional medicine healers who have received practice-oriented training from 0 to 150 using a revised manual.*
- ✓ *Increase the number of registered traditional healers from 1105 to 1265*

Strategic initiatives and Main Activities

- **Establish system to integrate traditional medicine with the modern health system**
 - Provide traditional medicine safety assurance testing services.
 - Strengthen the participation of manufacturing industries in research activities;
 - Complete and approve the prepared traditional medicine strategic plan and Ethiopian Herbal Pharmacopoeia Vol. 1
 - Develop the traditional medicine policy, including it in the national medicine policy that is being prepared
 - prepare Ethiopian Herbal Pharamcopoeia Vol. 2
 - Translate one indigenous knowledge book written on traditional medicine into Amharic language.
 - Establish committee to strengthen partnerships with stakeholders, prepare a memorandum of understanding and strengthen cooperation by organizing four workshops
 - Prepare two television programs on rational use of traditional medicine and making it accessible to the public through the media
 - Provide training for 150 traditional healers by revising a training traditional medicine training manual
 - Prepare a guideline consisting of criteria and tools to integrate traditional medicine with conventional health.
 - Organize an annual TM research forum in coordination with stakeholders to improve traditional medicine.

Table 49: Essential drug availability at Health Centers, EFY 2016

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Essential drug availability at Health Center in, EFY 2015	35%	80%	90%	92%	80%	73%	100%	90%	88%	82%	95%	90%	98%	88%
Essential drug availability at Health Center in, EFY 2016	95%	97%	95%	95%	90%	90%	100%	96%	92%	85%	96%	96%	100%	95%

7.9. Improve Health Financing and Private Sector Engagement

7.9.1. Capacity Improvement in Health Revenue Mobilizing

Targets

- ✓ *Increase share of general government health expenditure from 7% to 9%.*
- ✓ *Increase amount of grant commitment collected to 330,921,971.85 US dollars from partner organizations*
- ✓ *Increase percentage of hospitals and health centers implemented the healthcare financing reform from 90% to 93%*
- ✓ *Increase the amount of internal revenue from 8.8 billion to 9.7 billion birr*

Strategic initiatives and Main Activities

- **Strengthen the implementation of health financing reform**
 - Develop a draft legal framework for the cost-covering system for services provided free of charge
 - Monitor the approval of draft regulation by the Cabinet of ministers, for Federal Hospital and University Teaching Hospitals Management.
 - Prepare draft guidelines for internal revenue collection and utilization for federal hospitals and University teaching hospitals
 - Prepare draft guidelines of board procedures for federal hospitals and university teaching hospitals.
 - Finalize the draft legal framework for the resilient Health Fund.
 - Monitor the approval of the health financing strategy document
 - Provide two training of trainers on the implementation of health care financing reform.
 - Provide four rounds of training for board members on the implementation of health care financing reform.
 - Conduct three supportive supervisions on the implementation of health care financing reform.
 - Conduct a consultation forum with the regions on the implementation of the health care financing reform.

▪ **Improve project management and utilization**

- Prepare a monthly grant performance report and submit it to the management.
- Submit timely reports to partner organizations.
- Perform budget revision based on requests from various departments
- Monitor the auditable grant funds in collaboration with finance and internal audit executive offices
- Review projects submitted by civil society organizations in collaboration with relevant executive offices and agencies.
- Conduct midterm evaluation for 12 projects and end term evaluation for 6 projects and prepare reports
- Develop a database to improve civil society organizations grant fund management, efficiency and the information management system

▪ **Strengthen evidence based health financing decision-making system**

- Finalize Health Technology Assessment (HTA) practices' institutionalization roadmap.
- Initiate the implementation of the Health Technology Assessment /HTA/ Roadmap.
- Initiate the 9th National Health Expenditure (NHA) Survey.
- Conduct family health service utilization and cost survey.
- Conduct assessment to strengthen strategic procurement.
- Carry out government health cost revision at the regional level
- Conduct a policy dialogue on health financing.
- Perform cost estimation of strategic plan documents

- **Establish a performance-based financing (PBF) system in the health sector and strengthen its implementation**
 - Finalize and approve PBF project implementation manual.
 - Sign contracts with relevant stakeholders to initiate the PBF project.
 - Conduct a baseline survey to initiate PBF project.
 - Conduct capacity building training and experience sharing with Ministry of health, regional health bureau and health insurance.
 - Conduct performance evaluation with existing and new pilot implementation regions on performance-based payment system in the health sector.

- **Strengthen bilateral health cooperation with international institutions of neighbor and friendly countries.**
 - Review and monitor the signing of agreement documents with various countries coming through the Ministry of Foreign Affairs
 - Monitor six agreement documents and make it ready for operation.

- **Strengthen resource mobilization from different countries, partner organizations and the government.**
 - Develop EFY 2017 the recurrent and capital projects budget to be allocated from the government treasury .
 - Prepare two resources mapping data (IP and DP Tools) by partners and implementing organizations for channel two and three for EFY 2017.
 - Facilitate project planning, budget allocation and notification .
 - Review agreement documents signed with the partner organizations and start implementation.

7.9.2. Universal Health Insurance

Target

- ✓ Increase proportion of woredas started CBHI implementation from the 86% to 91%.
- ✓ Increase proportion of households for CBHI membership from 81% (12,185,370) to 85%.
- ✓ Increase CBHI membership coverage to 45%.
- ✓ Increase membership renewal rate from 93% to 96%.
- ✓ Increase the individual subsidy from 80% to 100%.
- ✓ Increase auditable schemes from 81% to 100%
- ✓ Increase the total subsidy from 10% to 25%

Strategic initiatives and Main Activities

- **Strengthen universal health insurance coverage at national level**
 - Prepare a manual to increase the coverage of CBHI woredas, based on the results of a study done in special support and pastoralists regions.
 - Purchase airtime to broadcast spots through national media, regional and community radio and television.
 - Conduct a panel discussion with stakeholders and broadcast the message on television.
 - Promote social health insurance through various electronic and print media.
 - Prepare and disseminate a documentary film showing the activity of health insurance
 - Re-opening CBHI institutions that have been closed due to various reasons.
 - Provide special support to new and special support woredas to start CBHI implementation
 - Organize experience sharing with branch offices that have best practices

▪ **Strengthen the renewal of CBHI membership**

- Conduct two rounds of mobilization in selected regions and woredas to increase membership of CBHI.
- Provide budget support to prepare regional conference
- Conduct member registration and renewal through social mobilization
- Prepare a document considering the regional situations so that all citizens who are eligible for community health insurance can become members.
- Provide financial and technical support for zone performance evaluation.
- Conduct national survey to determine the reasons why health insurance members are not renewing.
- Provide special support for Afar, Somali, Benshangul Gumuz and Gambella regions.
- Work together to ensure that families below the poverty line receive services.
- Make an effort to reduce the rate of members paying out of pocket during service.

▪ **Strengthen efforts to ensure sustainability of health insurance financing**

- Monitor the timely collection of contribution money collected from paying members.
- Conduct a discussion forum to establish an alternative member contribution collection system.
- Make efforts to increase individual subsidy income.
- Monitor the poorest of poor subsidy of the woreda is received on time and in sufficient amount.
- Transfer the 2016 federal package subsidy to woredas.
- Monitor and verify CBHI contribution is fully received every month.
- Collect and analyze information on the cost-income ratio of CBHI Scheme of the branch office.
- Monitor the performance of the annual financial audit of the CBHI woreda.

- **Improve equitable access to quality health service**
 - Provide ID for all registered health insurance members.
 - Monitor the availability of medicines at contracted health facilities.
 - Identify health institutions that adhere to the minimum standards of Ethiopian health institutions.
 - Assess the level of satisfaction of members / beneficiaries.

- **Strengthen the capacity of the health insurance system**
 - Support CBHI institutions to conduct general assembly.
 - Support and follow board meetings to be held at woreda level
 - Facilitate performance monitoring and evaluation platforms for branch offices.
 - Conduct a consultative forum on CBHI health institutions and branch offices with stakeholders
 - Perform tasks that require multi-sectorial responses.
 - Conduct activities to reduce the risk of corruption.

7.9.3. Enhance Private engagement in health service provision

Target

- ✓ *Conduct 2 consultative workshops with private health sector to improve their participation*
- ✓ *Support and follow 90 private health sector projects*

Strategic initiatives and Main Activities

- **Enhance private engagement in the health sector**
 - Develop strategic document to strengthen private engagement
 - Conduct policy dialogue to enhance private engagement
 - Analyze private sector investment information

- **Strengthen public private partnership in diagnostic and imaging services (laboratory, pathology, Imaging)**
 - Develop detail project work plan
 - Conduct early market engagement
- **Improve local pharmaceutical manufacturing landscape**
 - Conduct a study to identify local pharmaceuticals manufacturing landscape
 - Develop data warehouse for local pharmaceuticals manufacturing
 - Conduct consultative forums with relevant stakeholders bi-annually (Ministry of Finance, National Bank of Ethiopia, Customs Commission, Investment Commission, Ministry of Trade and Regional Cooperation, local pharmaceuticals manufacturers and others)

Issues that need Multi_sectoral coordination

- Nutrition and keeping environmental and personal hygiene.
- Activities on infectious and non-communicable diseases.
- Audit and women, Children, Youth and social affairs mainstreaming.

The activities performed under each program are listed above in each program areas. The following initiatives and main activities which include Audit, women, child, youth & Social affairs and public relation are described in each titles.

A. Consolidation of Audit's works

Target

- ✓ *Conduct 5 audits in health care.*

Strategic initiatives and main activities

- **Improve the engagement of the audit stakeholders.**
 - Carry out a threat survey involving the departments and stakeholders of the Ministry.
 - Conduct quarterly meetings with management members on the merits of internal audits and the findings of follow-up audits that require the attention of the Ministry.

- Prepare and review the Internal Audit Executive Office Performance Report on a quarterly basis.
- **Strengthen work that can address the given comments and criticism of the audit.**
 - Ensure the accuracy and relevance of the Capital Budget Report through a Financial/Legitimacy Audit on a quarterly basis.
 - Prepare 14 reports to ensure that the GF, SDG, and WB programs are properly used for their intended purposes.
 - Review the utilization of (GF; GAVI; WB and SDG) budgets in three selected regions to ensure that program accounts are appropriately used for their intended purpose.
 - Review the internal control system of financial management.
 - Perform monitoring on eight audit reports to ensure the implementation of audit feedback submitted by internal and external auditors.
 - Ensure that the internal control system of the procurement process is properly implemented.
- **Meeting the workforce needs of the health sector's internal audit department and increasing the capacity of professionals.**
 - Provide training based on audit quality assessment on 3 topics selected by the internal audit experts of the health sector according to the audit standard.
 - Provide training to 17 professionals in the field of fund account audit reporting and monitoring audits.
 - Provide training for ten internal audit professionals on CIA professional development.
 - Study the needs of the health sector audit specialist based on the scope of the department's work and the needs of the supporting bodies.
 - Provide professional support to internal auditors of three selected regions, three agencies, and federal hospitals.
 - Twice review meetings with agencies and federal hospitals.

B. Women, Children, Youth and Social Affairs

Strategic initiatives and main activities

- **Strengthen women's participation and empowerment in the health service.**
 - Providing training on Family planning for health professionals and making the service accessible for all by working on men's partnerships.
 - Create awareness about basic youth health using youth forums established by institutions.
 - Educate the community on antenatal and postnatal care during pregnancy.
 - Follow the execution of reimbursement of the costs incurred by the free waiver service according to the Act.
 - Coordinate activities with the community to identify activities.
 - Educate the community about the availability of cervical cancer vaccines in schools, health facilities, and vaccination sites.
 - Advocacy and awareness work to raise public awareness about cervical cancer early diagnosis and treatment.

- **Using the Women's Development Army, enhance the awareness of the community by strengthening the collaborative community forums through:-**
 - Create linkage with women, children, youth, and persons with disabilities, and other social sectors.
 - Celebrating 8 international and national days in the area of women, children, youth, and other social sectors.
 - Conduct meetings on Gender, Women's Forum, and Youth Forum 6 times a year.
 - Work with stakeholders to raise community awareness around sexual assault prevention and response.
 - Develop awareness messages about domestic water treatment and disseminate them through mass and social media.

- Carry out activities that increase the community's awareness on health and health systems through trained women's development Army and kebele leaders.
- **Improve the health sector's inclusion of women, children, youth, and social affairs.**
 - Provide training for health sector professionals in the area of gender and health.
 - Providing training to 300 professionals across the region at various levels of gender inclusion.
 - Provide capacity-building training to 150 officers in the area of gender and health.
 - Provide training of trainers to 150 professionals in the areas of gender and health.
 - Transfer 500,000 ETB to each of the regions and city administrations for gender inclusion training.
 - Perform advocacy to empower women to make decisions and come into leadership.
 - Provide capacity development training to 100 female leaders on women's leadership.
 - providing training to 100 senior leaders on men's partnerships.
 - Making a documentary on male engagement on maternal health service delivery
 - Provide training to leaders and experts on children's rights and welfare.
 - providing material and professional support to expanding child day cares.
 - Provide training to 100 federal sector office employees on nutrition and child development.
 - Conduct mobilization activities to prevent female genital mutilation and early marriage prevention and response to health crises.

- Provide training to young people in the area of infectious and non-communicable diseases.
 - Provide leadership training to 100 youth from regional health offices.
 - Develop training guideline for the implementation of the health sector's inclusive disability.
 - provide awareness training on the inclusive of the health sector for persons with disabilities.
 - Provide basic sign language training to 100 health professionals.
 - Transforming the Health Sector Disability Inclusive Implementation Manual and Instruction into a Voice.
- **Strengthen gender-based violence prevention and response services.**
 - Revise and implement the gender-based violence prevention and response training framework.
 - Provide training to 300 professionals on gender-based violence prevention and response.
 - Expanding one-center services to response to gender-based violence in 10 Regions.
- **Improve the equity of the prevention and response of man-made and natural emergencies.**
 - Ensure that health care is available to mothers and children for the displaced.
 - Working together to make elderly care facilities more convenient for elderly people with disabilities in selected 5 regions.
 - Coordinate with local health facilities to respond promptly to victims of sexual violence because of war.
 - Provide awareness training to 100 people on disasters risk management caused by natural disasters in 3 selected regions.
 - raise awareness about the sexual assault response at the health post level for health extension professionals.

- Holding a community dialogue involving clerics and tribal leaders in 2 regions.
- **Strengthening the culture of gender information systems and information use.**
 - Provide support and monitoring for all regional structures at the beginning and end of the year.
 - Reviewing the reports and provide feedback to all regions in the quarterly basis.
 - Providing home to home visit to children supported by the Ministry of Health.
 - Conduct 3 workshop on the established health sector gender forum.
 - Conduct survey to ensure youth access to reproductive health services in health facilities.
 - Perform an analysis of trained personnel in the health facilities in sign language.
 - Performing bi-annual gender analysis of reports sent through DHIS 2

C. Public Relations and Communications Executive

Target:

- ✓ *Increase the coverage of facility-based health education implementation from 40 % to 65%*
- ✓ *Implementing work place health promotion activities in 30 selected institutions.*
- ✓ *Implement school health program activities in 25% of schools in 20 woredas that start implementation of community engagement.*
- ✓ *Develop and distribute 208 television productions that promote community participation and awareness.*
- ✓ *Develop and distribute 104 television productions that promote community participation and awareness.*
- ✓ *Organizing four Health 2013 events to increase awareness and advocacy activities.*
- ✓ *Health artifacts prepared and distributed in various languages in New Age, Herald and Berissa newspapers with a total of 26 health information and awareness in each of 78.*

- ✓ *Prepare and distributed a total of 78 health articles in 26 newspapers in different languages in New Addis Zemen, Herald and Berisa newspapers.*
- ✓ *(Working to increase the number of callers who received counselling service with TB and hepatitis) by 15%*
- ✓ *Increase coverage of Household, Nutrition and health consultation and referral services by 10%.*

Strategic initiatives and main activities

- **Improve awareness of the community by strengthening the quality and accessibility of health information, consultations and referral services.**
 - Improve the information, consultations, and referral services on HIV/AIDS and STIs by increase community participation.
 - Improve the information, consultations, and referral services on TB and hepatitis by increase community participation.
 - Improve the information, consultations, and referral services on cancer and cardiovascular diseases by increase community participation.
 - Improve health information on reproductive health and family planning as well as nutrition and child health services.
 - Improve the information, consultations, and referral services on cholera, corona and other emergencies by increase community participation.
 - Increase the number of complaints to be resolved by 10% by organizing, analyzing, and communicating complaints from the community to relevant officials.
 - Improve quality and equitable access by 10% by providing comprehensive health information and consultation services on regional toll-free hotlines.
 - Develop a five-year strategic plan to achieve the Health Information and Consultation Service's.
 - Develop a basic consultation training manual for professionals who provide free hotline services.
 - Conducting surveys on regional toll-free hotlines.

- Creating health ownership of the communities by communicating a concise health message.
- **Strengthen health promotion activities in health facilities.**
 - Providing training on health education in health institutions.
 - provide financial and technical support to health facilities to provide health education training hierarchically.
 - develop a standard for the implementation of health education.
 - Supportive supervision on health education to health institutions.
- **Providing health promotion and health education on work place and schools to improve community healthy behavior.**
 - Conducting research on workplace health promotion practices.
 - Develop, publish and disseminate workplace health promotion implementation guidelines.
 - Providing cascading training on health promotions.
 - Develop, publish and distribute school health program framework, packages and implementation manuals.
 - Develop, publish and disseminate school health facilitator and training manuals.
 - Provide training of trainer and cascading training to strengthen school health program implementation.
- **Enhance the community's health information by keeping the MoH social media and web portal up-to-date and accessible.**
 - Improve the data use by using social media.
 - Develop a website and social media guidelines.
 - Monitoring and supporting feedback from patients on social media.
 - Verify the social media accounts of regional health offices, agencies and leaders.

- **Improving the information delivery system and data-driven research and decision-making system by modernizing the E-Library and Information Desk.**
 - Collect, and properly organize library information sources.
 - Provide prompt service using information sources organized by e-Library.
 - To provide reading and referral services to users by updating health related research and other information through the Web-based system.
 - Collecting Consumer-Based Library Materials.

- **Enhancing the awareness of the community by producing and disseminating inhouse quality electronic media outputs.**
 - Develop programs called Agenda that explore major developments in the health sector and expand experiences.
 - Develop programs that explore the history of exemplary individuals in the health sector.
 - Develop programs that provide health advice to the community that focus on major health issues.
 - Develop and disseminate television programs that suggest important initiatives and institutions that improve public ownership and solve problems of good governance.
 - Develop and broadcast television and radio spots on their own capacity that improve public health ownership.
 - Broadcast health programs, advertisements and radio broadcasts that focus on major health issues.
 - Develop and implement editorial guidelines that can improve the quality and accessibility of production.

- **Improve public health awareness by actively coordinating health-related events and communicating key messages.**
 - Organize, coordinate, and communicate new health-related events.
 - Celebrating national and public holydays at institutional level and communicating timely messages.

- Build the image of the institution by conducting media and communication activities at the annual health conference.
- Advocacy and mobilization work to ensure that policies and regulations are included in health and health-related issues with all relevant sectors.
- **Strengthen stakeholder engagement by promote new best practices through improved communication network and media partnerships.**
 - Identify and promote new best practices in the health sector.
 - Explore selected print and electronic outputs.
 - Assess the community to strengthening of the communications network.
 - Develop and disseminate journals based on the main focus areas of the health sector.
 - Incorporating major educational health topics as well as the events of the institution to make them available for publication in accessible foreign newspapers.
 - Develop and distribute an educational health newsletter every 3 months that can reach district and health extension workers.
- **Prevent and control community emergencies by strengthening emergency health risk activities and community engagement on community emergencies.**
 - Perform emergency health risk communication and community engagement activities at health risk sites.
 - Providing emergency health risk training to professionals.
 - Communicate important, timely and accurate information on health concerns.
- **Strengthen health communication activities by improving the knowledge and skills of health communication professionals through exchange of experience and training.**
 - Provide training and trainer for professionals on a variety of behavior change and communication topics.
 - Provide training for software-related professionals.

- Provide training to media professionals on current health issues.
- Start working with the studio by equipping it with necessary materials.
- Repair and use of existing communication equipment.
- Improve service delivery by modernizing health information and consultation service technology.
- Improve the service by providing professionals and technologists who provide free hotline services to regional and city administrations.
- Conducting coordinated support supervision and provide appropriate responses.

Resource Requirement and Gaps

The tool used to prepared the estimation cost for EFY 2016 WBHSP was activity based costing (ABC). The overall cost require for fiscal year of EFY 2016 is about ETB 262.01 billion, which is 6.9 billion ETB more from the fourth year HSTP II cost estimation of base cases scenario but less by 62.4 billion of the highest cases scenario of the same year. In the base and high cases scenario HSTP II, the financial requirement estimated was ETB 255.07 billion and 324.41 billion, respectively. The total cost estimation for first year of Health Sector Development & Investment Plan (HSDIP) is about ETB 277.19 billion. When EFT 2016 annual plan cost requirement is compare with draft cost estimation of the first year of HSDIP, it is less by ETB 15.17 billion. HSTP II cost was prepared using OHT and the HSDIP plan cost estimation was also used both OHT and ABC tools; however EFY 2016 plan preparation was used only ABC (simple excel).

The possible reason for the cost discrepancy could be due to the difference in the costing methodology and could also be due to problem in estimation of cost for EFY 2016 WBHSP activities in the preparation period. Out of the total estimated budget, around ETB 126.28 billion (48.2%) is expected to be covered by the government, and ETB 53.21 billion (20.3%) is to be covered by aid. This implies government has shown a higher commitment to support the health programs compare to partners. The overall financial gap for the fiscal year is about ETB 74.60 billion (28.5%).

In order to fill the resources gaps in the health sector and bring better performance in each health programmatic areas, strong efforts and collaboration will be required to mobilizes additional financial.

The financial requirement, available and gaps for this fiscal year in respective to each region is summarized as indicated on the following table.

Table 50: Costing plan by regions in ETB, EFY 2015

Region	Total National				
	Required	Expected from			Financial Gap
	EFY2016	Government	Community	NGO	
Tigr	7,641,394,613	4,242,817,357	68,171,232	975,353,818	2,355,052,206
Afar	2,004,943,226	1,726,881,936	7,102,300	151,133,010	119,825,979
Amhara	26,598,999,614	20,341,033,841	1,176,178,733	4,513,193,163	568,593,877
Oromia	36,147,057,482	25,012,508,912	4,709,136,995	3,453,374,830	2,972,036,745
Somali	6,645,856,264	3,373,096,274	83,235,188	1,294,596,338	1,906,061,857
BGU	2,104,184,571	529,635,697	7,936,004	1,232,944,225	134,092,717
SNNPR	17,738,977,253	14,047,909,315	680,019,682	2,173,133,002	837,915,254
Sidama	5,382,089,410	4,274,435,403	203,473,658	356,624,677	548,501,672
SWE	8,172,108,708	4,991,183,692	375,187,934	1,781,716,297	1,024,020,785
Gambela	768,857,630	291,691,739	3,542,072	423,231,796	50,392,023
Harreri	1,243,594,566	984,109,016	186,535,350	0	72,950,200
DD	546,688,937	532,710,989	563,049	2,790,200	10,624,699
A.A	44,659,165,415	23,908,275,865	196,411,675	1,652,196,153	18,902,281,722
Federal	102,360,359,614	22,030,543,167	24,075,000	35,200,298,027	45,105,443,420
Total	262,014,277,302	126,286,833,201	7,721,568,872	53,210,585,538	74,607,793,156

In addition to the above, the following table also indicated the financial requirement, available and gaps for respective strategic Objectives and major program areas.

Table 51: Financial plan by Strategic Objectives and Program areas in ETB 1000, EFY 2016

Strategic Objectives and main Program areas	Total National				
	Required	Expected from			Financial Gap
	EFY2016	Government	Community	NGO	
1. Improve maternal, child and adolescent health and Nutrition status	51,739,922	19,855,430	1,227,918	20,031,666	11,413,234
Maternal, Neonatal, Child and Adolescent Health	44,297,342	16,343,663	788,325	18,459,719	9,493,960
1.1.1. Family planning & Reproductive Health	9,506,031	6,269,084	106,445	2,058,504	1,071,998
1.1.2. Maternal	8,355,106	3,814,141	164,855	1,535,651	2,840,458
1.1.3. Neonatal & Child Health	17,436,499	1,903,819	61,982	12,932,553	2,538,144
1.1.5. Adolescence Health	1,557,127	844,850	15,451	361,066	335,760
1.1.6. Nutrition	7,442,580	3,511,768	439,592	1,571,946	1,919,274
2. Improve disease prevention and control	19,343,103	5,952,266	859,112	7,752,240	4,779,485
2.1. Major Communicable Diseases	15,644,650	4,174,163	362,336	7,016,506	4,091,645
2.1.1. Prevention and Control of HIV and Viral Hepatitis	2,889,623	1,478,276	43,754	1,116,297	251,297
2.1.2. Prevention and Control of Tuberculosis, and Leprosy	3,795,228	807,241	14,559	584,867	2,388,561
2.1.3. Prevention and Control of Malaria	3,860,524	1,091,515	265,132	1,402,698	1,101,179
2.1.4. Prevention and Control of Neglected Tropical diseases	5,099,274	797,132	38,891	3,912,643	350,608
2.2. Non-Communicable Diseases(NCD)	1,940,994	824,525	248,025	614,981	253,463
2.2.2 Mental Health	1,757,460	953,578	248,751	120,753	434,377
3. Improve community ownership and Primary Health Care	19,103,678	8,798,745	1,037,055	3,693,909	5,573,969
3.1 WASH and Environmental Health	7,442,580	3,511,768	439,592	1,571,946	1,919,274

Strategic Objectives and main Programm areas	Total National				
	Required	Expected from			Financial Gap
	EFY2016	Government	Community	NGO	
3.2 Health Extension Program and Primary Health Care	4,146,321	2,359,331	177,330	336,973	1,272,687
3.3 Improve Community Engagement and Ownership	7,514,776	2,927,646	420,132	1,784,991	2,382,007
4. Improve access to quality and equitable medical health services	1,940,572	592,324	51,339	230,567	1,066,342
4.1 Pre-Facility, Emergency, Trauma, and Critical Care Services	-	-	-	-	-
4.2 Hospital and Diagnostic services	10,139,662	3,124,834	315,302	4,374,270	2,325,256
4.4 Blood and Tissue Services	1,940,572	592,324	51,339	230,567	1,066,342
5. Enhance Public health emergency and disaster risk management, and post conflict Recovery and rehabilitation	14,904,371	2,367,452	197,747	2,298,859	10,040,313
5.1 Public health emergency and disaster risk management	6,703,495	1,361,665	147,351	2,139,147	3,055,332
5.2 Laboratory Services	8,200,875	1,005,787	50,395	159,712	6,984,981
6. Improve Health system Capacity and Regulation	77,633,481	40,481,484	1,918,729	13,175,650	22,057,618
6.1 Governance and leadership	6,364,326	2,551,854	65,517	538,211	3,208,744
6.2 Health Workforce	21,491,905	19,660,587	56,133	548,210	1,226,975
6.3 Health infrastructure	28,796,982	8,396,562	866,135	9,205,616	10,328,670
6.4 Health Information and Research	8,694,664	2,907,971	761,473	1,825,173	3,200,047
6.5 Digital health	2,395,513	674,263	32,131	621,729	1,067,390
6.5 Regulatory systems	9,890,091	6,290,247	137,340	436,711	3,025,792

Strategic Objectives and main Programm areas	Total National				
	Required	Expected from			Financial Gap
	EFY2016	Government	Community	NGO	
7. Harnessing Innovation for Health System Quality, Equity and Safety	1,341,529	47,758	-	232,833	1,060,938
7.1 Improve Health Equity and Social Determinants of Health	1,341,529	47,758	-	232,833	1,060,938
8. Improve Pharmaceuticals and Medical devices management and Production	31,943,024	21,186,752	260,860	1,613,469	8,881,943
8.1 Pharmaceuticals and Medical devices	31,355,700	20,879,022	256,811	1,563,785	8,656,082
8.3 Traditional medicine	587,324	307,730	4,049	49,684	225,861
9. Improve Health Financing and Private Sector Engagement	44,626,449	27,229,450	2,599,514	2,071,331	12,726,154
9.1 Health Revenue Mobilizing Capacity Improvement	11,054,438	8,065,523	1,513,691	552,916	922,307
9.2 Universal Health Insurance	2,432,889	1,405,163	-	21,000	1,006,726
9.3 Private engagement in heath service provision	31,139,121	17,758,764	1,085,822	1,497,415	10,797,120

As indicated on above table, out of the total financial requirement, improve Health system Capacity and Regulation (29.65%), Improve maternal, child and adolescent health and Nutrition status (19.7%), Improve Health Financing and Private Sector Engagement (17%) and Improve Pharmaceuticals and Medical devices management and Production (12.2%) are the major strategic objectives which demands financial requirement susquently.

Challenges that may encounter

Challenges

- Lack of continuous and adequate supply of medicines in health facilities.
- Man-made and natural displacement of society and the associated emergence of epidemic disease.

- An employee who is assigned to the new structure may face skills and competencies until he or she gets used to the job.
- Staff and leadership turn-over.
- Lack of weekly, monthly, and quarterly monitoring and support as required.
- Gap in leadership and staff capacity.
- Resource problems and community neglect to prevent and control the COVID-19 pandemic.
- Lack of budget to carry out planned activities can be problems and challenges.

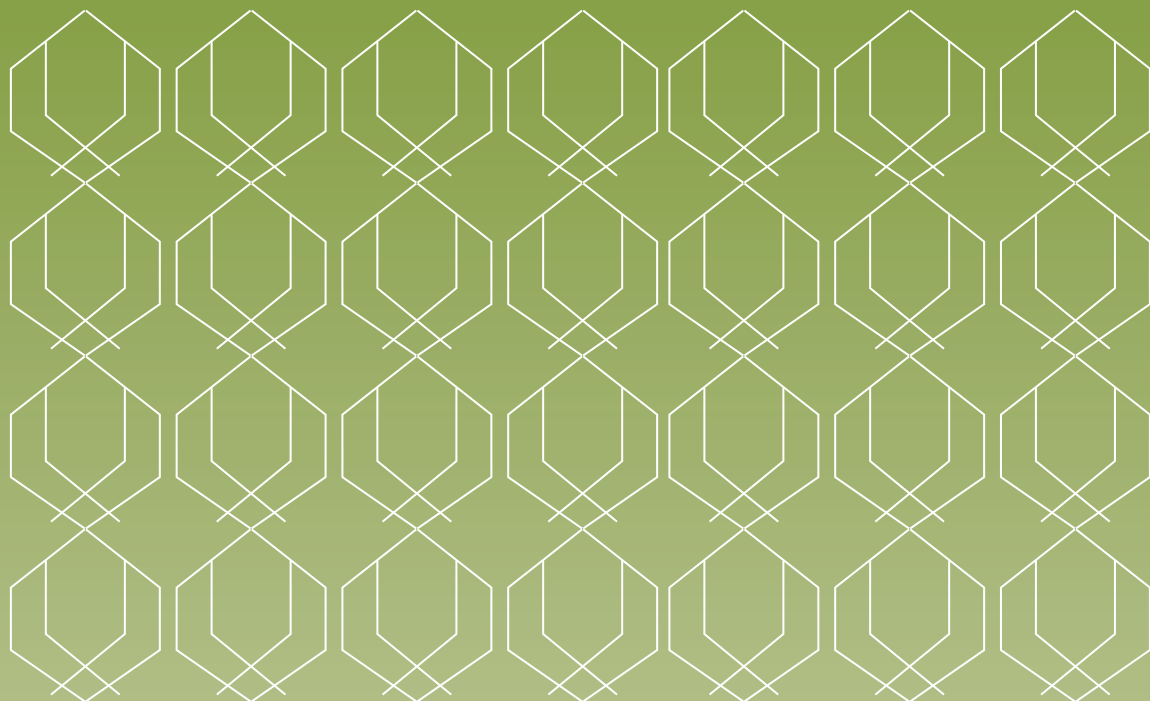
Coping mechanisms

- Coordinate with the partners of relevant bodies to ensure the sustainable supply of medicines in health facilities.
- Develop the capacity to address man-made and natural problems by making necessary and coordinated preparations.
- Facilitate the exchange of experiences and training to fill gaps in skills and competencies through the necessary regular monitoring.
- Reduce staff turnover by using joint consultative meetings between the Ministry of Health and the regional health bureau.
- Try to create a situation where it can be reduced the problems that arise with the change of leadership by discussing with the relevant parties.
- Discuss with key stakeholders to reduce the problems that arise with periodic changes in leadership.
- Strengthen weekly, monthly, and quarterly monitoring and support.

Regional Profiles

Table 55: Regional profiles as EFY 2015

S.No	Regions	No of Zones	No of Woredas			No of Functional Health facilities		
			Rural	Urban	Total	Hospitals	HCs	HPs
1	Tigray	7			93	40	231	769
2	Afar	6	39	5	44	10	100	365
3	Amhara	20	160	74	238	90	874	3570
4	Oromia	22	330	22	352	110	1425	6747
5	Somali	11	95	6	101	18	229	1496
6	B/Gumuz	3	22	3	25	6	60	424
7	SNNPR	17	113	51	168	49	490	2599
8	SWR	6	41	16	57	21	138	549
9	Sidam	5	31	7	38	13	125	832
10	Gambella	3	1	13	14	5	30	150
11	Harreri		3	6	9	2	9	32
12	Dire Dawa	0	3	6	9	2	16	36
13	Addis Ababa	11		123	123	13	99	0
Total		111	838	332	1,271	379	3,826	17,569



**WOREDA-BASED HEALTH SECTOR ANNUAL PLAN
EFY 2016 (2023/2024)**