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MINISTRY OF HEALTH-ETHIOPIA

HEALTH SECTOR TRANSFORMATION II

WOREDA-BASED HEALTH SECTOR ANNUAL PLAN

EFY 2015 (2022/2023)

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Equitable and Quality Health Service for All!

VOLUME -1-

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Acronyms

AMR	Antimicrobial resistance
APTS	An auditable pharmaceutical transaction system
BFHI	Breast Feeding Hospital Initiatives
CBHI	Community-Based Health Insurances
CBNC	Community-Based Newborn Care
CPD	Continuous Professional Development
CSC	Community score card
DHIS	District 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 with various stakeholders prepared the five years health sector transformation plan II (HSTP II) and finalized the implementation of the second-year plan period and prepared a third-year core plan document. Efforts are being made for the sector to achieve better results by setting major strategic initiatives and core activities to implement the strategic directions indicated in the HSTP II.

The EFY 2015 plan was prepared by taking into account the targets set in the third year of the health sector transformation plan II and the performance of EFY 2014. Initially, the indicative plan for EFY 2015 prepared at national level and enriched its content by respective levels and shared to all level of the health sector. This helps to address priorities of the health sector to properly address at all level of the health system. The Woreda health offices and health facilities were also tried to prepare their annual plan based on the indicative plan and by taking into consideration their situation. The annual plan document has been prepared by the health facilities and Woreda health offices. The Woreda Plan aggregated, refined and summarized by zonal, regional and national level. Plan reconciliation was conducted at national level, produced draft core plan and then shared to all Federal Ministry of Health (FMOH) Directorates and Agencies to enrich the draft core plan. All relevant comments from directorates and Agencies incorporated in the draft document and got approval by higher officials.

This core plan includes the objectives of the health sector, the strategic directions, the baseline and targets for major indicators intended to measure the achievement, as well as the priority areas, strategic initiatives and main activities to be performed during the fiscal year. To implement the annual core plan activities, it shall be cascaded down to the subsequent lower and individual level. Plan alignment conducted among FMOH Directorates, partners and Agencies. The health sector agencies, health facilities, non-governmental organization, stakeholders and communities are expected to align and integrate their effort to implement the plan and strive the achievement of the plan accordingly.



2. Brief summary performance of main activities in EFY 2014

2.1. Enhance Provision of Equitable, Quality Comprehensive Health Services

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

3. Family planning service

Family planning service is one of the main activities planned in EFY 2014 fiscal year in order to improve the quality and accessibility of maternal health. Accordingly, the service was delivered to 13,597,787(68%) women of reproductive age group. In addition, It is 202,273 mothers were given a postnatal family planning service.

4. Maternal health service

In the last fiscal year, 3,352,750 (97%) pregnant mothers received ante-natal care at least once, and 2,288,351 (69%) of mothers received ANC 4 service. In addition to this, 2,274,755(68%) of mothers were received skilled delivery service and 2,858,525 (86%) of mothers were able to get a service of postnatal care.

5. Child Health and Immunization Services

In the fiscal year, 3,136,463 (100%)of children under the age of one year were able to get the third dose of penta-valent vaccine and2,872,306 (93%) of the children were also received fully immunization services. Besides to this, the first round dose of measles vaccine was provided to 2,983,788 (96%)of children.

6. Youth and adolescence health services

At the national level, to create enabling environment and to convenience for service seekers, 118 new service provision facilities were prepared to expand the health services for young and adolescence age group people. Moreover, a quick survey was conducted in selected health facilities in eight regions and two city administrations to know the motivation, attitude and challenges of the professionals who are providing health services to the youth and adolescence health. Besides to this, a small service package has been prepared and introduced to provide convenient health services for youth and adolescence in industrial parks and large development corridors.

7. Nutrition

Based on the food and nutrition policy, a food and nutrition strategy and the activities of all sectors have been prepared and shared to the federal and regional sectors for its implementation. Regions and regional bureaus tried to prepare an integrated food and nutrition implementation plan for the 2014 fiscal year.

Children under two years of age 2,740,074(53%) had got growth monitoring services and 3,400,689 (100%) of mothers were also got nutrition counseling services. This shows that it has a 2% increment for the same period of the previous financial year. On the other hand, nationally 11,806,976(88%) of children between age of six to 59 months were supplied vitamin A and similarly, 8,420,482 (88%) children were provided anti- intestinal parasitic tablets /de- worming service .

8. Disease Prevention and Control

8.1 HIV prevention and control

In order to achieve the first 95 % target to test and identify HIV positive individual, 7,257,031 people tested for HIV and provided counseling services. Within the fiscal year 49,687 undetected people with HIV were planned to be tested and identified their status. About 36,893 people were detected. As a result of low performance of HIV case detection, an initiative was designed to overcome the problem by ROTA that has been prepared and sent to find people who are more vulnerable and who are considered to have HIV in their blood and bring them to HIV testing services.

With regards to ART coverage to achieve the second 95% for adults, 96% of adults received antiretroviral therapy. In addition to this, 43% of children were able to access anti-HIV treatment. In terms of achieving the third ninety five percent, 96% of both adults and children viral load were below 1,000 copies.

8.2 Prevention and control of tuberculosis

The detection rate for all types of TB was 82% and the performance of TB cure also reached 96%. The coverage of drug-resistance TB and detection of leprosy are 59% and 89%, respectively about 3778 people with HIV were detected TB case and have got their treatment with ant-TB drugs. .

8.3 Malaria prevention and control

The procurement of 55,924 kilograms of chemicals required for the spraying of 933,613 unit structure has been on process and the procurement is currently in progress. During EFY 2014, 7,646,971 suspected malaria cases were tested by rapid laboratory test and about 1,779,767 people were confirmed to be infected with malaria. In relation to responding to public health emergencies, 1,042,511 ETB was allocated from the capital budget to buy mosquito net to prevent malaria, and the purchase is being carried out. Besides to that, 450,000 ETB has been supported to Southwestern Region of Ethiopia to tackle the increased number of malaria cases in the region.

8.4 Prevention and control of non-communicable diseases

Regarding the services provided by health facilities, 352,757 women have been provided cervical cancer screening services. During the fiscal year, the total number of people who screened to identify high blood pressure was 7,996,494 and started treatment to 245,784 cases with higher blood pressure. Similarly, the number of people screened for diabetics were 1,895,874 and those who increased their blood sugar level and started their treatments were 172,012 cases. Besides to this, 33,955 people

had got cataract surgery and 55,772 people with vision problems were provided with eye glasses. With regards to mental health, more than 70,000 mental health problem cases were provided medical services accordingly.

8.5 Neglected Tropical Disease

For the mass drug administration of trachoma program at community level, drug was distributed to 132 Woreda in Oromia, 114 in Amhara, 8 in Somali region, 2 in Afar and 118 Woreda in the southern region, in summary it was distributed in 406 (93%) Woredas. About 18,840,910 people benefited from the above mass drug distribution. 108,760 people who suffered with eyelid retraction due to trachoma were treated with eyelid retraction surgery.

With the help of Geshyaro project, 21,086,839 people were given Albendazole and 4,461,358 people were given Braziquantil to prevent the spread of intestinal worms and bilharzia in the two Woreda, respectively. Similarly drugs were distributed for 2,272,536 people and 24,948,492 people to prevent and control of lymphatic filariasis and onchocerciasis, respectively. The data were also recorded with the help of biometric data and the coverage of the mass drug administration of 22 Woreda coverage was 94% in average.

9. Improve medical services

At national level 121,796,942 cases received outpatient medical services and the outpatient attendance per capita was 1.23. The average length of stay in the hospital was 3.94 and the annual bed occupancy rate also reached to 64%.

With respect to emergency service, a total of 3,389,006 people were treated and the mortality rate at the emergency departments' was 0.6%. In addition to this, a total of 27.6% fatality rate and 296,252 traffic accidents were recorded during the reporting period.

Emergency roadmap was approved and shared to stakeholders with the help of Internet to strengthen emergency medical services. The necessary information in all regions and city administrations were collected to start emergency medical services in private and public health facilities in those regions and city administrations. According to the data collected, there are 13,574 private and public health facilities, and only 364 (2.7%) have started the service, and 7.5% of the public and private health facilities have started 3rd party insurance services.

The roadmap for the implementation of specialty and sub-specialty medical services, implementation guideline has been prepared. According to the road map, to construct the specialty center proposal has been prepared and feasibility study conducted for 3 sub-specialty medical centers (cardiology, nuclear medicine and rehabilitation center). Besides to this, in order to improve and strengthen rehabilitation medical services, the next five years strategic plan and a service delivery guide prepared for medical rehabilitation centers and a curriculum has been prepared for the first degree course in Prosthesis Orthotic as well as demand survey has been conducted at St. Paul's Hospital or Black Lion Hospital where the course will begin.

10. Improving blood bank services

The Ethiopian Blood and Tissue Bank Service are working to provide quality and safe blood and blood product services to health facilities through its 43 branch. In the fiscal year, 337,774 (85%) units of blood were collected, 65% of which were from new donors, and 49,531 (18%) of the collected units were converted to blood products according to standards. Post-donation counseling was provided to 5.1% blood donors.

11. Health Extension Program and Improvement of Primary Health Care

In order to achieve Woreda transformation, the focus areas are in improving model kebeles, high performance of primary health care units, strengthening Woreda management and leadership and strengthening the community health insurance coverage. During the fiscal year, it was planned to increase the number of model Woreda to 65 and those 250 with medium performance to transform in to model. According to the assessment, 624 Woredas have self-assessed and 67 (10.7%) Woredas are with model status, 206 (33.0%) Woredas are found medium level, and the rest are low and very low performing Woredas.

Out of 2,465 health centers, 430 (17.5%) them are high performing health facilities, 1000 (40.9%) are medium and the rest are low and very low performing health centers. Out of 12,687 kebeles that sent their report 2,962 (24%) kebeles are model, 3,881 (31%) kebeles are medium and the rest are low and very low performance kebeles.

The geospatial data collection of 14,220 health facilities (health posts, health centers and primary hospitals) has been done and the average distance between 11,130 health posts and 3,090 health centers and primary hospitals is 10.7 km. The average walking time is 2 hours and 16 minutes, 36% of the health centers have less than one hour time, 30% less than 2 hours and the rest more than two hours. Out of the 13,861 health centers surveyed 10,140 (73%) were identified as Basic HPs, 1,614 (12%) comprehensive HPs and 2,107 (15%) merged HPs.

Regarding the capacity building of health extension workers Integrated Refresher Training (IRT), during the fiscal year it was planned to provide integrated refresher training to health extension workers, except for the Southwest region of Ethiopia, maternal and child health care training within nine months given to 2,284 (81%) trainers of training. Cascading training was provided to 19,580 (61%) health extension workers based on the plan except for Amhara and Southwest Ethiopia regions.

In the fiscal year, 617,679 households were visited house to house in the health centers that started implementation of family health team which provided various health services for 1,381,588 people. Within the fiscal year 94 health centers were expected to complete their construction and equipped with OR medical equipment, however; 54 health centers constructed and equipped with the materials.

12. Environmental health and hygiene

In order to enhance coverage of improved latrines, it was established 33 sanitation marketing centers in 95 Woredas. Additionally, 50 Woreda with the help of regions were selected to receive training and a budget was handed over to them to establish the centers. Overall, there are 15,607,439 (75.3%) households with any types of latrines, and about 10,331,264 (51%) households were also with improved latrine. In addition to this, 36 (80%) sanitation marketing centers were also established.

Near to 6,396 (35%) kebeles are certified with open defecation free and 53,520 (60.7%) latrines have been constructed at household level through social mobilization.

13. Public health emergency management system

Due to the instability of security and conflict that occurred in the country, many health facilities have been damaged. In this conflict, the 4 regions namely Amara, Afar, Benshangul Gumuz and Oromia region were directly and indirectly victims of the conflict. Overall 48 hospitals; 512 health centers, 3106 health facilities, 5 blood banks and one warehouse hub had their services were cut off and these facilities were looted and destroyed the medical equipment and partially destroyed the health facilities.

There are 2,977,426 people are living in internal displaced sites (IDPs) in the four regions and 1,241,499 of peoples' from IDPs sites in Amhara regions had returned to their actual residential areas. A total of 10,689,575 are currently in need of humanitarian assistance. Totally there are 198 domestic refugee centers in the four regions, 31 in Amhara, 16 in Afar, 20 in Benshangul and 131 in Oromia region. 594 professionals were deployed to regional health facilities to provide emergency health support and services.

To coordinate resources for drought-affected regions in Somalia, Oromia, South, Southwest Ethiopia and Amara region (Waghamra zone) 25 experts were assigned with the help of stakeholders to prepare a drought preparedness and response plan, maternal, growth monitoring of children to identify nutritional status, supported food and had distributed 250,000 USD worth of emergency medicine by coordinating partner organizations. In addition to this, inputs which worth about USD 16,524,677.08 have been distributed to displace people and to conflict affected health facilities to provide emergency services in the areas.

14. Prevention and response to the COVID -19 pandemic

The Ethiopian government has implemented various prevention and control measures against COVID-19; In order to coordinate this, an effective and coordinated response is being given by structuring and organizing Public Health Emergency Coordination Centers (PHEOC) at the national and regional levels, and also establishing a National COVID-19 Task Force (CTF). In As of EFY2014 EFY 2,182,061 Covid-19 tests were conducted at national level and 213,499 people were positive for the virus. Similarly, 3212 people died due to the virus in the fiscal year. In order to control the disease



epidemic and reduce morbidity and mortality, the first round of the covid-19 vaccine campaign was organized and provided with the stakeholders to make the vaccine accessible to all target groups. A total of 50,174,174 people were vaccinated by Covid-19 vaccine. .

In order to prevent and control of cholera epidemic, 741,191 people (426,621 in Oromia, 193,853 in Amara and 120,717 in Afar) were given cholera vaccination in two rounds. In addition to this, measles surveillance is strengthened. In order to prevent and control measles epidemic, 824,882 children whose age between six months and 10 years were given the immunization in a campaign form.

15. National laboratory capacity building activities

With regards to the Gene Xpert machine, 116 machines at 86 health facilities were provided with different services. From these 203 modules, 2 gate way board and 1 power port have been changed. In addition to this at 59 health facilities, calibration for 60 Gene-Xpert machines was done. Moreover PC and Software maintenance were done for 13 Gen-Xpert health facilities.

To strengthen the referral sample relay system; the first round of National Integrated Laboratory Specimen Referral Linkage Network assessment was conducted. In general, survey to evaluate whether VL/EID and Gene-Xpert referral and relay system is within expected time limit (Pre-defined TAT) in selected health facilities; overall TAT assessment was conducted. EID/Viral Load Database installation and training has been given to new laboratories that have started EID and Viral Load testing, namely Dire-Dawa, Debor-Tabor, Woldia and Shashemene hospitals. To start the functionality of health facilities with VL Roche 4800 machine for HPV DNA PCR test: HPV DNA PCR and VL training has been provided to 6 VL laboratory health facilities, and 6 health facilities have started providing HPV DNA PCR test services.

Mentorship and technical support has been provided to 120 different laboratories in the country under the SLIPTA laboratory quality improvement program through regional laboratories. The first draft of Essential Diagnostic list has been prepared.

16. Improve health regulatory system

In order to ensure the benefit of the society the health regulatory system particularly; on food, medicine, medical equipment, cosmetic materials, health services provision, and the competency of health professionals, regulatory function were undertaken and accordingly based on the findings corrective measures were undertaken.

Market authorization has been given for 60 supplementary foods, one infant and toddlers' food and 868 various types of food. In addition to this, license was given for 3,581 pre-market registrations. A total of 4,510 types of food market license were provided and quality assurance for 115 producers and 861 importers and exporters in total 976 new licenses were provide. Post license auditing inspection was conducted in 568 (85.2%) producers and 838 (71%) importers & distributors. From the selected 43 type's food, consignment quality assessment was done for 40 types of food or sample was taken

for 1,699 imported food items for quality assessment and of those samples, 1,614 fulfill the national standard requirement. 13 food items were banned to be imported. About 69 samples are on process of verification.

Pre-marketing assessment and market licensing implemented to ensure the safety, quality and efficacy of pharmaceuticals. Qualification certificates were provided for 13 new small-scale manufacturing agencies and 392 new importers and exporters that meet the standard.

Post license inspection and auditing was conducted on 9 (82%) manufacturers, 53 (60%) small scale manufactures and 716 (66%) of importers and distributors, a total of 862 (63%) pharmaceutical institutions.

In terms of strengthening the quality and safety of medical equipment's; registration is one of the tasks. It was planned to conduct inspection on 1,400 non-In Vitro diagnostic (NIVD) devices and 1,800 In Vitro diagnostic (IVD) devices. Of those inspected, about 800 (57%) and 620 (34.4%) devices were inspected and provide market license, respectively.

ETB 14,290,242.88 worth of expired hand gloves, masks that are more than personal consumption, and unauthorized forehead thermometers were prohibited from entering to the country. Clinical gloves which cost 7,860,021.25 ETB were prevented from entering the country due to a lack of quality. Drugs worth of ETB 9,486,069.94 were controlled from being distributed inland because they did not meet the authority's requirements. Medical equipment's which cost about 273,328,330.84 ETB were prevented from being distributed inland because they did not meet the authority's requirements. By conducting quality assurance of medical equipment's at the entrance and exit ports, 13,249,231,030 ETB worth of medical equipment and supplies were able to be imported to the country.

Regarding the regulatory of health and health related facilities, 24 (63%) of the health facilities issued a certificate of competence at the federal level. To add four profession types (Emergency and Critical Care Nursing, Psychiatric Nursing, Pediatrics and Child Health Nursing and Environmental Health Care Professions) in addition to the nine profession types and to develop the competency assessment test, a job analysis was done for the four professional types.

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

During the fiscal year, reagent for chemistry which worth 203,059,629.23 ETB for hematology 180,144,857.45 birr and for sugar tests 15,456,095.88 ETB, in total, reagents with a cost of 383,204,486.68 Birr were distributed to all branches and health facilities. Regarding medical equipment; for the Health Program, equipment's with a cost of 1,602,503,152.65 ETB and from the revolving fund for equipment's with a cost of 901,006,016.06 ETB. In general, medical equipment's with a total cost of 2,503,509,168.71 ETB have been distributed from central warehouses.

In order to prevent and control the transmission of COVID 19 pandemic, vaccine that worth 1,954,563,552 ETB were distributed in selected health facilities of all regions.

In the fiscal year, a total of Birr 35,753,386,413.5 worth of medical supplies in kind and procured items were collected to the warehouse. In general, medical equipment, chemicals and diagnostics with a total cost of 25,806,239,334.26 Birr were distributed.

18. Ensure community engagement and ownership

In order to improve community engagement and ownership, performances of previous years implementation was evaluated and successes and challenges were identified and alternative strategies were designed and pilot phase of the strategies were started since 2013 EFY.

In the fiscal year, strengthening the implementation in the 4 pilot Woredas was done. For the expansion of the implementation in 26 new Woredas, at least one Woreda was selected from each region and to start the implementation of the program, awareness creation was given for region, zone and Woreda health office staffs and heads.

In 2014 EFY, women competency based training was planned to be given for 116,726 women and there were a total of 183,681 women started the training. From these trainees, 121,642 completed the training. Of those women completed their training, 60,957 women were evaluated and 55,930 women were certified. In total, from 2011 to 2014 EFY, 788,190 women completed the training and of these trainees 478,494 were evaluated and 438,101 were certified.

19. Improve evidence informed decision making and innovation

In the fiscal year, a protocol and guideline have been prepared to assist the strategic planning development process of directorates and agencies. In addition a brief summary document of 40 strategic plans and roadmaps of different directorates and agencies was prepared. In addition, a planning guideline was revised and assessment on Woreda based planning process was conducted in all regional health bureaus (except Tigray region), in selected Woredas and zones and the finding of was disseminated for regions and relevant stakeholders.

Revision of national classification of disease was conducted to improve data management and information use on diseases in health facilities. In order to start the implementation of the revised health information system in line with HSTP-II, recording and reporting tools were printed and distributed to all regions (except Tigray region). In order to foster the implementation of revised HIS, national level master TOT was provided and currently regions are cascading the TOT accordingly. In addition, written feedback was given on the quality of the data based on the reports sent by the regions using routine health information system and analysis was made on selected indicators and distributed to the relevant stakeholders.

About 10,285 (70%) health posts implemented revised agrarian community health information system. To standardize the implementation of agrarian CHIS, 37,531 (95.4%) guideline was printed and distributed.

Printing of pastoralist CHIS registers was finalized and distributed for the 4 regions. Accordingly, training was provided for 12,707 (86%) health poststaff and the implementation was started in 10,285 (70%) of the health posts.

The implementation of urban community health information system is being monitored and supported. Nationally, 260 posts were established and of these, 180 posts started reporting through the information system. Woreda based health sector planning software was developed and the EFY 2015 plan is being developed using the software. In addition in the fiscal year, health posts that started family registration using e-CHIS were 6,602, HPs that finished >85% family registration were 2,322 and HPs started family planning, EPI service provision using e-CHIS were 2,221. Totally, 2,173 (30%) health posts started service provision. Monthly performance monitoring was also conducted on facility based births and deaths. Accordingly, birth notification coverage is 51% while death notification is 3.6%.

Through research and technology transfer, health service provision assessment (SPA) data collection was conducted in all regions except Tigray. In the fiscal year, 23,936 (82%) vaccines were produced and Fermi anti-rabies vaccine for human use was provided to the public.

20. Improve health infrastructure

As per health sector transformation plan, there is an intent to expand and build 350 health facilities where from simple to high level medical services will be provided. The construction of two existing projects by agencies, namely AHRI, administration and research building (2B+G+6) was planned to reach 96% and the construction of Alert trauma hospital (2B+G+8) building was planned to reach 52%, accordingly the actual performance are 93% and 44%, respectively.

From the 13 regional laboratories that are being built to improve laboratory services, six laboratories have been completed and are ready for use, while the construction performance of the remaining 7 laboratories is at an average of 95%. However, due to the poor performance of Arbaminch and Jigjiga contractors, their contracts were terminated and given to a new contractor.

With budget support from the World Bank, preliminary preparations including the preparation of detailed designs for 13 laboratories to be built in eight regions have been completed and contract signed with contractors to start the construction of 12 projects, and their average performance has reached 9.6%. Of 3,771 health centers that are providing services, health centers with clean water supply has reached 63.8%, HCs with electricity has reached 77% and by expanding and renovating, HCs that meet the standard reached 58%

In Addis Ababa (Kilinto) and Adama industry parks, facilities that can admit 3,000 patients affected by the conflict were constructed. Regarding renovation for the health facilities affected by the conflict, in south Wollo zone Haik primary hospital delivery and OR buildings were renovated. Meanwhile, of the 3 billion ETB that is required for renovation of 589 health facilities (health centers and hospitals) that are damaged in Amhara and Afar regions, 1.1 billion ETB was secured and related activities were conducted that are out of the plan.

21. Enhance health information technology

Digital technology plays a significant role in supporting health services with technology, improving the management and use of health information systems. To strengthen and expand digital technology, several activities are being done in coordination with various programs. One hospital selected from all regions (except Tigray region) and was given a support to improve their infrastructure. Based on the health facility assessment finding, 440 computers for regional hospitals and 110 computers support for Addis Ababa hospitals, in total 550 computers were distributed. By supporting health facilities that has no ICT infrastructure, the preparation to fulfill materials needed for infrastructure is on process and the National Electronic Health Record Systems (EHRs) standard was developed, discussed with stakeholders and now it is in the implementation phase. The standard is supposed to determine the level, content and implementation of Electronic Medical Records (EMRs) systems that will be applied at the national level.

22. Improve health financing

At national level, a strategy has been developed to implement a community based health insurance system for members of society engaged in the informal economic sector and a social health insurance system for employees engaged in the formal sector. In the 2014 fiscal year, as per the plan to improve CBHI, 84% Woredas were covered with the scheme.

In general, by conducting social mobilization activities, Woreda subsidy revenue coverage reached to 94% and from EFY 2013 CBHI members, 7,396,399 members renewed their membership and the membership renewal rate reached 83%. It was planned to send 2013 federal block subsidy. Accordingly, based on the proportional share of 10% for each Woreda, 220 million ETB was transferred to 834 Woredas found in all branch offices that started service. Out of the 10,421,824.41 Birr identified as a deficiency in the audit, 4,751,923.11 (46%) Birr has been reimbursed.

In EFY 2014, out of the total planned to be collected from development partners, around 97 million US dollars (74%) were collected. The 8th round national health account study was finalized and advocacy has been started for the relevant stakeholders.

In order to respond to the corona pandemic, activities that need budget was identified in collaboration with the COVID-19 taskforce. Accordingly, 1.5 billion birr was requested from the Ministry of Finance and 1,056,966,542 were approved and 452,510,292 birr was transferred to regions through ministry of finance.

23. Strengthen governance and leadership

With regard to improving governance and leadership, number of Woredas implementing community score card reached 722. The number of Woredas implementing leadership accountability system has been reached 58 as planned. In relation to this, the number of health centers that have submitted the community assessment report through DHIS-2 is 2,370 and the implementation has reached 87%.

3. Strengths and Weaknesses in EFY 2014

Strengths

- The leadership at all levels in collaboration with relevant stakeholders exerts strong effort to fulfill the necessary inputs
- Regular monitoring with regions on top priority issues and set joint direction
- There was a strong effort by the health sector and in collaboration with other sectors to restore displaced population and damaged health facilities due to the war
- Budget collected from development partners has been transferred to regions to implement and strengthen different program activities
- Distribution of 217 ambulances for the 4 regions to serve for 247 internally displaced population sites/camps and currently the ambulances are providing service
- Integrated effort to prevent and control COVID 19 and other public health emergencies
- Efforts has been exerted to fulfill necessary inputs to health facilities to enable them provide health services
- Capacity building for different program experts and competency based training for women development team
- Conduct regulatory activities on imported foods and medicines and the substandard ones were avoided
- Completing 67 ergonomic projects and creating conducive environment for staffs, patients and care givers in the head office, agencies, and 6 federal hospitals (including St. Paul and black lion hospitals)
- Completion of preconditions to start construction of giant projects that can admit 2,000 patients, namely, Dermatology and plastic surgery, Emergence Compressive Hospital and Diagnostic center
- Completed the establishment of oxygen supply for 500 beds in St. Peter and EkaKotebe hospitals
- To provide service for defense force members affected by the war, millennium hall was converted to surgical center and Kilinto and Bishoftu centers were constructed and fulfilled with necessary infrastructure to be able to admit about 2,000 patients
- Preparation activities was done in order to renovate about 600 health centers that were damaged in Amhara and Afar regions with 1.1 billion birr budget support from the World bank.

Weaknesses

- Due to the conflict and security problem in different parts of the country:
- There are several internally displaced population and damaged health facilities
- Population exposed for different health problems
- Since health service budget and inputs shifted for emergency medical service, it creates burden on the health system
- Problem to perform program field activities due to security issues
- Due to lack of budget and security, there is delay in renovation and restoration of health facilities damaged by the conflict
- Lack of attitude, inadequate competency and skill of leaders and professionals at all levels
- There is a gap in service delivery, access and good governance
- About 623 ambulances not providing services;
- Inadequate in medicines and medical equipment supply;
- Unwillingness of medicine and medical equipment's suppliers to deliver at the agreed price due to the COVID-19 pandemic and price increase
- Canceling of contracts and high price increases on some inputs
- Long procurement lead time and unable to avail medicines, medical equipment's and supplies by the required time
- Inconvenient government procedure for procurement of medicines
- Inadequate supply of medicines and equipment's by local manufacturers
- Failure to deliver inputs on schedule due to lack of foreign currency for raw materials
- Existence of budget limitations in all regions to employ doctors and other health professionals as per the required number
- Existence of several unemployed professionals
- Lack of incentive and inconsistency of incentives among regions creates burden on the motivation of professionals
- Low attention given to COVID-19 at all levels
- Presence of negligence among the population on prevention methods of COVID-19 pandemic
- Low utilization of COVID-19 vaccine
- Poor data management and lack of information access in the required time
- Inflation on the cost of construction materials, lack of cement supply and limited capacity of contractors
- Frequent resignation of senior professionals and failure to replace them quickly
- Lack of trained human resources (researcher) in traditional medicine
- Poor coordination with other sectors

4. Planning assumptions

4.1 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

<ul style="list-style-type: none"> ➤ Community first ➤ Integrity, loyalty, honesty ➤ Transparency, accountability, and confidentiality ➤ Impartiality ➤ Respect for law ➤ Being a role model ➤ Collaboration 	<ul style="list-style-type: none"> ➤ Professionalism ➤ Change/innovation ➤ Compassion
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4.2 Objectives

HSTP-II's objectives are operationally defined as high-level result statements, equivalent to goals that lead to achievement of the vision for the sector. The targets described in section 4.5 will be used to measure achievements under these objectives. The overarching objective of HSTP-II is to improve the health status of the population by realizing these four objectives:

- Accelerate progress towards universal health coverage
- Protect people from health emergencies
- Woreda transformation
- Improve health system responsiveness

4.3 Health sector Strategic directions and their descriptions

- **Enhance Provision of Equitable, Quality Comprehensive Health Services:**

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

➤ **Improve Public Health Emergency and Disaster Management:**

This strategic direction focuses on public health emergency and disaster management and includes all elements of this process: effective and timely anticipation, prevention, early detection, rapid response, control, recovery, and mitigation of any public health emergency crises with direct or indirect impacts on the health, social, economic, and political well-being of communities and society in general well-being.

➤ **Enhance Community Engagement, Empowerment, and Ownership:**

This strategic direction focuses on ensuring active participation and engagement of the community in planning, implementation, monitoring and evaluation of health and health related activities. It is about enabling communities to increase control over their lives through creating health literacy and decision power.

➤ **Improve Access to Pharmaceuticals and Medical Devices and Their Rational and Proper Use:**

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

➤ **Improve Regulatory Systems:**

This strategic direction seeks to protect the public from health risks that arise from poor and substandard products and services. It focuses on ensuring the safety, quality, efficacy, and proper use of medicines; performance of medical devices; safety of food; quality of health and health-related services against standards; competence of health professionals; and regulation of tobacco and alcohol.

➤ **Improve Human Resource Development and Management:**

This direction entails human resources planning, development and management (training, capacity building, recruitment, deployment, performance management, and motivation) to ensure the presence of motivated, competent, compassionate and committed health professionals in adequate numbers and skill mix. It focuses on improving the quality of pre-service training and continuous professional development,

➤ **Enhance Informed Decision-Making and Innovation:**

This strategic direction focuses on generation of quality evidence, research, and innovations, building a culture of evidence-based decision-making, and developing and using technology (new and/or improved tools). It also promotes use of data from routine and non-routine data sources, including new research supported with appropriate information communication technology (ICT), and using an established HIS governance framework.

➤ **Improve Health Financing:**

This strategic direction is about ensuring adequate and sustainable financing to realize Ethiopia's progress towards "Universal Health Coverage through strengthening Primary Health Care" without financial hardship for citizens.

➤ **Enhance Leadership and Governance:**

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

➤ **Improve Health Infrastructure:**

This strategic direction aims at improving access to health facilities that are well equipped and furnished, and ensures that existing and new health institutions meet minimum standards. It encompasses developing standard construction designs; building health institutions; and expanding, renovating, and maintaining health and health-related facilities.

➤ **Enhance Digital Health Technology:**

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

➤ **Improve Traditional Medicine:**

This strategic direction refers to the registration, licensing, research, production, use, and integration of traditional medicine and traditional medical practices. Traditional medicine and practices are directly or indirectly related to protection of societal health, equitable distribution of public health care services, the right to exercise a profession, intellectual property rights, biodiversity conservation, and protection and promotion of indigenous knowledge and culture.

➤ **Health in All Policies:**

Health in All Policies (HIAP) is a systematic approach for considering the health implications of decisions of public policies across all sectors. It anticipates the synergistic effects of public policies, and prevents and mitigates harmful health effects ensuing from policies to advance population health.

➤ **Enhance Private-Sector Engagement in Health:**

This strategic direction is about a deliberate and systematic collaboration of government and the private sector to move national health priorities forward, beyond individual interventions and programs. It aims to improve the engagement of the private sector in improving access and quality of health services

5 Strategic directions, Targets, Strategic Initiatives and Main Activities in EFY 2015

5.1 Enhance Provision of Equitable, Quality Comprehensive Health Services

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

5.1.1.1 Family Planning services

Targets

- ✓ Increase contraceptive Acceptance Rate from 68% to 72%
- ✓ Increase long acting family planning coverage from 32% to 39 %
- ✓ Increase Immediate postpartum contraceptive acceptance rate from 9% to 18%

Strategic Initiatives & Major Activities

- Enhance demand for quality family planning services by implementing behavioral change communication activities
- Expand family planning service quality measurement in 140 selected health facilities
- Strengthen integration of family planning service with others reproductive health services in 100 health facilities
- Enhance access to family planning services for hard to reach communities
- Provide quality and comprehensive family planning information and services at all levels
- Ensure with emphasis on universal access to postpartum family planning services
- Improve the involvement of men's, youth's, community organization's and religious leaders to strengthen family planning services
- Strengthen access to family planning and reproductive services in work places, universities and colleges
- Increase accessibility of family planning and reproductive health services to people who need special supports, facing man-made and natural disasters and in development corridors.
- Regularly monitor the procurement and distribution process of supplies in coordination with the relevant stakeholders to ensure uninterrupted supply of inputs
- Strengthen integration of family planning services with other programs and services
- Provide special support for zones/Woredas with low family planning coverage to improve their family planning service
- Strengthen public private partnership for family planning service

**Table 1: Contraceptive Acceptance Rate, EFY 2015**

INDICATOR		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 2015		413,828	4,698,301	7,616,738	1,314,160	256,011	2,767,748	922,098	668,288	122,636	65,083	134,247	1,271,042	20,250,179
Number of Women of Reproductive Age Who Accepted Modern Contraceptive Methods in EFY 2014	#	71,997	3,003,326	6,535,680	151,699	83,430	2,070,587	785,985	432,643	24,161	31,849	55,368	351,062	13,597,787
	%	18%	65%	88%	12%	33%	76%	87%	66%	20%	50%	42%	28%	68%
Number of Women of Reproductive Age Planned to Accept Modern Contraceptive Methods, EFY 2015	#	124,148	3,194,845	6,778,896	289,115	122,885	2,131,166	839,109	461,118	42,923	39,050	77,863	511,386	14,612,505
	%	30%	68%	89%	22%	48%	77%	91%	69%	35%	60%	58%	40%	72%

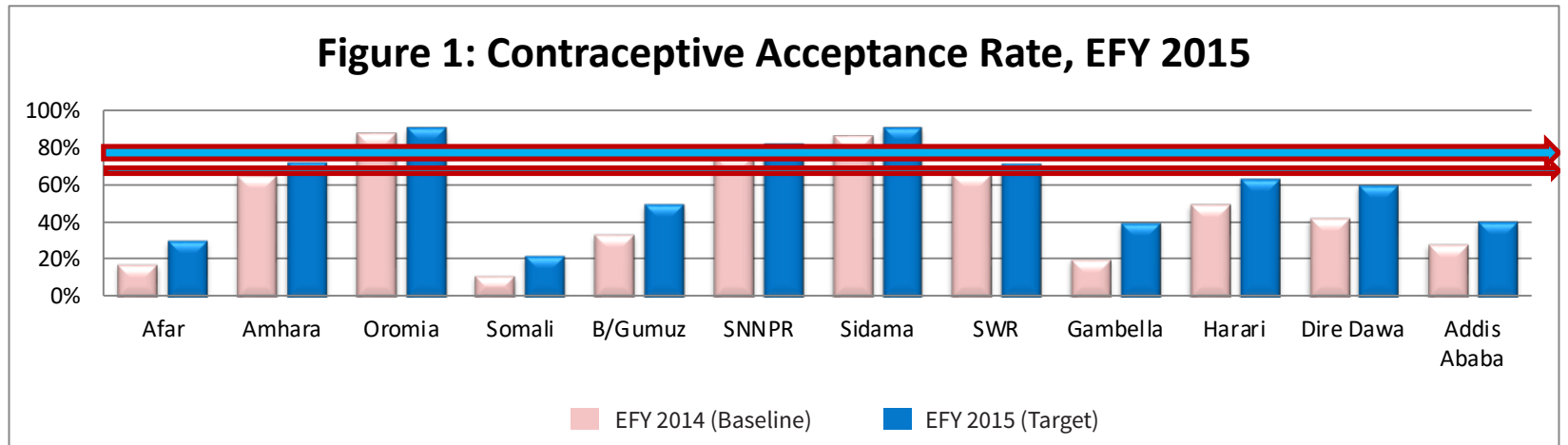
Figure 1: Contraceptive Acceptance Rate, EFY 2015

Table2: Immediate postpartum contraceptive acceptance rate, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible -All Expected deliveries in , EFY 2015		59,593	782,663	1,420,619	210,372	42,194	482,682	160,809	116,546	15,927	8,740	17,731	91,773	3,409,650
Number of Deliveries Who received I-PP contraceptives in EFY 2014	#	1,174	6,433	98,930	4,693	1,452	36,278	25,880	8,627	240	1,074	1,847	15,645	202,273
	%	7%	2%	23%	2%	0%	9%	22%	15%	3%	16%	9%	13%	9%
Number of Expected Delivered women who received IPP-CAR in EFY 2015	#	5,959	78,266	369,361	10,519	2,110	53,095	41,810	20,978	921	1,573	2,305	14,684	601,582
	%	10%	10%	26%	5%	5%	11%	26%	18%	6%	18%	13%	16%	18%

5.1.1.2 Maternal Health Services

Target

- ✓ Increase ANC4+ coverage from 68 % to 78%
- ✓ Increase ANC8+ service coverage to 15%
- ✓ Increase skilled delivery service coverage from 68% to 73%
- ✓ Increase PNC coverage from 86% to 90%
- ✓ Increase proportion of pregnant women tested for syphilis from 72% to 81%
- ✓ Increase proportion of pregnant women who tested for HBV and know their result from 55% to 60%
- ✓ Increase cesarean section rate from 5% to 10%

Strategic Initiatives & Major Activities

- Initiate pregnant mothers to start antenatal care at the right time (within 12 weeks)
- Provide pre-pregnancy services by establishing various awareness creation platforms and fulfilling necessary preconditions
- Strengthen new innovative approaches for quality pre-pregnancy, ANC, delivery and PNC services
- Incorporate FGM in revision and development of strategic plans, guidelines and protocols and conduct capacity building activities
- Strengthen service linkage between health centers and health post to ensure equity and quality ANC service
- Strengthening the 1st, 4th and 8th ANC follow up in health facilities with full human resources and diagnostic services
- Initiate/expand at least one ultrasound examination within 24 weeks of conception
- Strengthen and follow-up catchment mentorship program improvement activities
- Strengthen motivated, competent & compassionate (MCC) service in ANC, Labor, delivery and postnatal care and capacitate professionals
- Screen and identify women's for DM, Group B streptococcus (GBS) and mental health during pregnancy, labor & delivery and postnatal period
- Strengthen implementation of 24 hours early postpartum stay in health facility
- Conduct capacity building to provide quality pre-pregnancy, ANC, delivery, PNC service
- Expand CS service on new facilities and strengthen the service in primary hospitals and selected health centers
- Strengthen emergency obstetric and neonatal care (EmONC) referral system in all health facilities
- Strengthen safe abortion services
- Strengthen obstetric fistula prevention, identification and treatment
- Strengthen identification and treatment of prolapsed Uterine in hospitals
- Strengthen maternal and neonatal death surveillance response and conduct preliminary work to implement confidential inquiry and clinical audit
- Prepare regular awareness creating platforms for senior and middle level management to ensure healthy motherhood
- Establish and strengthen system to monitor the progress of the promise to reduce maternal death due to excessive hemorrhage during pregnancy and delivery



- Expand and strengthen maternal waiting room services in health facilities according to the standard
- Conduct monitoring & evaluation, supportive supervision and research activities to strengthen evidence informed decision and maternal health
- Organize a platform to introduce new maternal health programs to private health facilities and strengthen information exchange activities
- Support health facilities that are damaged by natural and man-made disasters to start their regular operation by resources mobilization.
- Ensure maternal health service commodity supply through closely monitoring the forecasting, procurement, storage, and distribution processes.

Table 3: Antenatal 4+ Care, EFY 2015

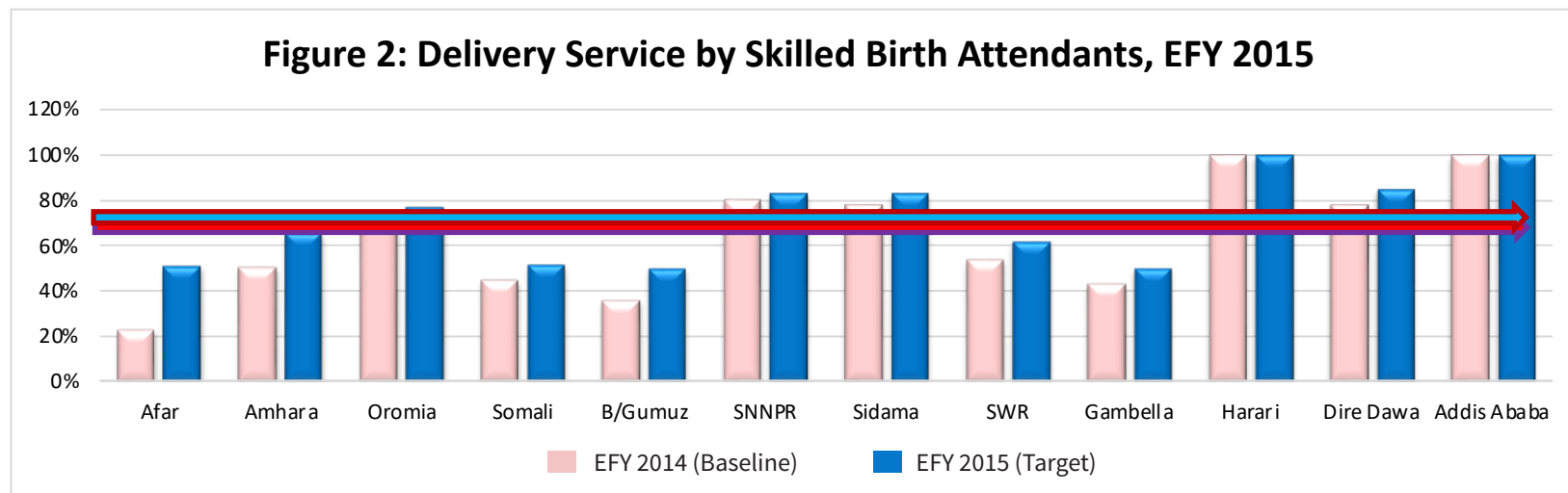
INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Pregnancies, EFY 2015		59,593	782,663	1,418,684	210,372	42,194	482,682	160,809	116,546	15,927	8,740	17,731	91,773	3,407,714
Baseline-Antenatal Care Service, EFY 2014	#	19,965	428,343	896,292	143,583	13,630	404,859	147,635	71,531	3,726	4,939	10,205	143,643	2,288,351
	%	34%	56%	65%	70%	33%	85%	93%	62%	24%	58%	59%	100%	69%
Planned Antenatal Care Service for EFY 2015	#	31,584	586,997	1,078,200	159,883	23,207	432,807	152,769	83,913	6,371	6,118	12,766	91,773	2,666,388
	%	53%	75%	76%	76%	55%	90%	95%	72%	40%	70%	72%	100%	78%

Table 4: Proportion of pregnant women tested for syphilis, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Pregnancies, EFY 2015		57,547	682,096	1,418,684	183,842	30,863	440,183	158,045	107,004	12,400	8,740	17,731	91,773	3,208,909
Baseline-Number of pregnant women tested for syphilis, EFY 2014	#	21,465	461,892	1,091,831	90,820	15,027	357,492	102,694	47,534	5,679	8,965	18,034	172,230	2,393,663
	%	37%	60%	79%	44%	37%	76%	65%	41%	37%	100%	100%	100%	72%
Planned Number of pregnant women tested for syphilis for EFY 2015	#	34,528	532,035	1,248,442	104,790	20,987	352,146	110,631	72,763	7,068	8,128	16,844	91,773	2,600,137
	%	60%	78%	88%	57%	68%	80%	70%	68%	57%	93%	95%	100%	81%

Table 5: Proportion of births attended by skilled health personnel, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Deliveries, EFY 2015		59,593	782,663	1,418,684	210,372	42,194	482,682	160,809	116,546	15,927	8,740	17,731	91,773	3,407,714
Number of Deliveries Attended by a Skilled Birth Attendant, EFY 2014	#	13,447	390,118	1,010,558	92,983	14,853	382,584	123,710	61,996	6,674	11,707	13,498	152,627	2,274,755
	%	23%	51%	73%	45%	36%	80%	78%	54%	43%	100%	78%	100%	68%
Planned Number of Deliveries to be Attended by a Skilled Birth Attendant, EFY 2015	#	30,392	516,558	1,092,387	109,394	21,097	400,626	133,472	72,259	7,963	8,740	15,071	91,773	2,499,731
	%	51%	66%	77%	52%	50%	83%	83%	62%	50%	100%	85%	100%	73%

Figure 2: Delivery Service by Skilled Birth Attendants, EFY 2015

**Table 6: Postnatal Care Coverage, EFY 2015**

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Deliveries, EFY 2015		59,593	782,663	1,418,684	210,372	42,194	482,682	160,809	116,546	15,927	8,740	17,731	91,773	3,407,714
Number of women who received early postnatal care, EFY 2014	#	18,734	496,354	1,330,673	94,099	14,943	468,380	161,076	86,848	6,854	11,131	14,867	154,566	2,858,525
	%	32%	64%	96%	46%	36%	99%	100%	76%	44%	100%	86%	100%	86%
Planned number of women who received early postnatal care, EFY 2015	#	29,796	633,957	1,376,123	130,431	25,317	482,682	160,809	99,064	9,556	8,740	15,958	91,773	3,064,207
	%	50%	81%	97%	62%	60%	100%	100%	85%	60%	100%	90%	100%	90%

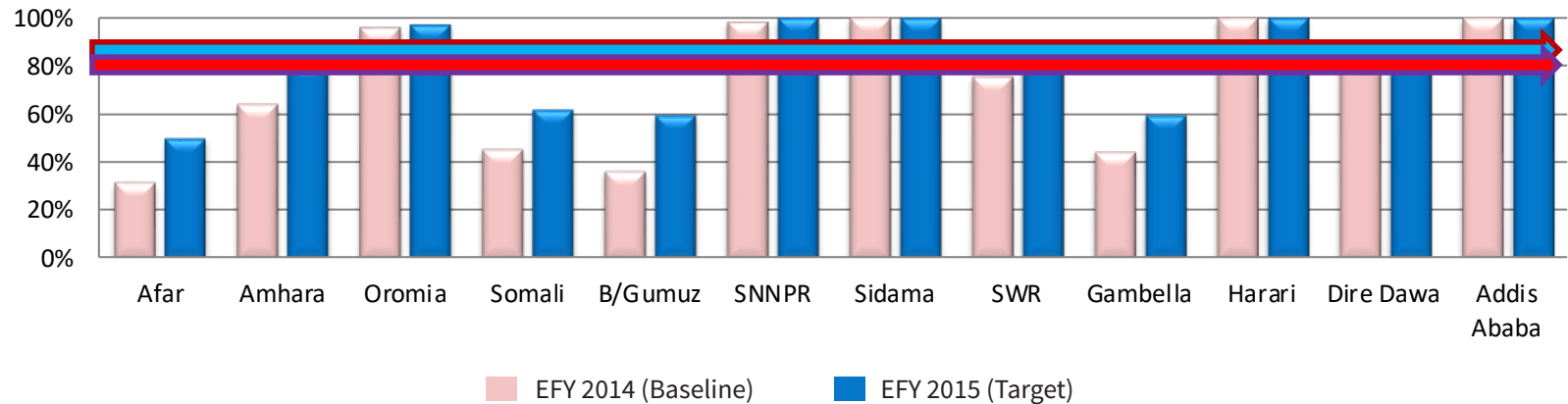
Figure 3: Early Postnatal care, EFY 2015

Table 7: Number of women who receives comprehensive abortion services, EFY 2015

INDICATOR	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of women receives comprehensive abortion services, EFY 2014	2,312	41,624	114,698	2,991	1,618	24,843	10,216	3,754	603	2,577	3,530	38,916	247,682
Number of women receives comprehensive abortion services, EFY 2015	2,456	43,528	115,480	3,015	1,980	25,875	13,644	4,500	698	2,635	3,600	39,150	256,561

5.1.1.3 Prevention of Mother to Child Transmission of HIV (PMTCT)**Targets**

- ✓ Increase proportion of pregnant, laboring and lactating women who were tested for HIV and who know their status from 92% to 94%
- ✓ Increase percentage of HIV positive pregnant & lactating women who received ART from 89% to 92%
- ✓ Increase percentage of infants born to HIV-infected women receiving antiretroviral (ARV) prophylaxis from 46% to 70%
- ✓ Increase percentage of infants born to HIV-positive women who received a virological (DNA/ PCR) HIV test within 2- 12 months of birth from 62% to 78%
- ✓ Increase syphilis test for HIV positive pregnant mothers coverage from 71% to 78%

Strategic Initiatives & Major Activities

- Strengthen HIV testing for pregnant, laboring & lactating women and their partners
- Expand HIV testing for pregnant mothers at comprehensive health posts and strengthen linkage with other health facilities for treatment
- Strengthen ART drug adherence of HIV positive pregnant and lactating women



- Strengthen prophylaxis for HIV exposed infants
- Strengthen prophylaxis for to HIV exposed infant to prevent opportunistic infections
- Expand health facilities that provide PMTCT service
- Strengthen viral load testing services for pregnant and lactating women with HIV
- Strengthen treatment services for pregnant mothers diagnosed with HBV
- Strengthen “Triple elimination” services for HIV, syphilis and HBV
- Strengthen health facilities providing EID/POC services using Gene Xpert machine and expand the service in facilities that have not yet started
- Strengthen mentorship programs to prevent mother-to-child transmission of HIV.

Table 8: Percentage of pregnant, laboring and lactating women who were tested for HIV and who know their status, EFY 2015

INDICATOR		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 2015		59,593	782,663	1,418,684	210,372	42,194	482,682	160,809	116,546	15,927	8,740	17,731	91,773	3,407,714
Number of pregnant women counseled & Tested for HIV, EFY 2014	#	29,296	600,391	1,455,243	74,374	21,448	435,093	166,594	76,664	12,446	19,055	21,018	172,304	3,083,926
	%	50%	78%	100%	36%	52%	92%	100%	67%	81%	100%	100%	100%	92%
Planned number of pregnant women tested and know their status, EFY 20114	#	53,037	738,824	1,418,684	108,266	31,547	441,670	160,809	105,837	13,149	8,740	17,731	91,773	3,190,067
	%	89%	94%	100%	51%	75%	93%	100%	91%	83%	100%	100%	100%	94%

Table 9: Percentage of HIV positive pregnant & lactating women who received ART, EFY 2015

INDICATOR		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 2015		492	5,242	11,149	191	154	1,344	470	91	780	204	194	1,900	22,211
Number of HIV+ pregnant women received ARV in EFY 2014	#	183	4,479	4,028	144	286	1,419	285	96	732	93	138	2,059	13,942
	%	37%	85%	87%	75%	100%	98%	37%	98%	100%	100%	71%	100%	89%
Planned Number of HIV+ women received ARV in EFY 2015	#	320	4,980	10,257	115	154	1,142	307	24	780	204	194	1,900	20,376
	%	65%	95%	92%	60%	100%	85%	65%	26%	100%	100%	100%	100%	92%

5.1.1.4 Neonatal and Child health

Targets

- ✓ Increase proportion of asphyxiated newborns resuscitated and survived from 82% to 90%
- ✓ Increase proportion of sick young infants treated for very severe disease (VSD/sepsis) from 44% to 64%
- ✓ Increase proportion of under five children with pneumonia who received antibiotic treatment from 64% to 80%
- ✓ Increase proportion of under five children with diarrhea who received ORS & Zinc treatment from 14% to 57%
- ✓ Increase proportion of health centers providing integrated Neonatal and child health care services from 96% to 97%

Strategic Initiatives & Major Activities

- Strengthen and expand neonatal intensive care unit (NICU) and basic neonatal health services
- Strengthen and expand health care services including Kangaroo Maternity Care (KMC) to low birth weight and preterm neonates
- Strengthen and expand quality integrated management of neonatal and childhood illness (IMNCI) services
- Strengthen and expand neonatal and child health care and newborn corner services (NBC)



- Advocate early childhood development (ECD) program and expand the implementation to regions through multi-sectoral collaboration
- Regularly monitor availability of sustainable and adequate child health service inputs
- Strengthen capacity building to improve neonatal and child health services
- Strengthen integration of pre-service IMNCI training
- Strengthen ICMNCI, IMNCI and NICU mentorship program
- Organize awareness creation events on neonatal health for the public during prematurity day.

Table 17: Proportion of under-five children with pneumonia received antibiotic treatment, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of children < 5yrs, EFY 2015		63,912	849,292	1,813,780	186,219	54,047	588,077	195,923	141,994	20,426	10,363	18,168	76,095	4,018,297
Number of < 5 Children Received Pneumonia treatment in EFY 2014	#	22,791	418,539	1,408,410	144,130	26,166	306,947	87,191	77,704	8,039	7,276	4,773	43,408	2,555,374
	%	36%	50%	79%	79%	50%	53%	45%	56%	43%	72%	27%	39%	64%
Planned Total number of < 5 children treated for pneumonia, EFY 2015	#	35,152	628,476	1,624,778	156,424	37,833	382,250	127,350	116,473	13,277	7,772	9,266	58,939	3,197,990
	%	55%	74%	85%	84%	70%	65%	65%	82%	65%	75%	51%	77%	80%

Table 18: Proportion of Sick Young infants treated for sepsis, EFY 2015

INDICATOR		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 2015		4,529	59,482	107,820	15,988	3,207	36,684	12,222	8,858	1,210	664	1,348	6,975	258,986
Number of sick young infants 0-2 months treated for sepsis in EFY 2014	#	665	18,026	52,831	7,065	517	17,520	7,297	3,111	737	857	579	3,083	112,288
	%	16%	30%	50%	41%	17%	49%	61%	36%	63%	100%	44%	45%	44%
Planned number of sick young infants 0-2 months treated for sepsis, EFY 2015	#	2,491	33,310	70,083	10,392	1,603	26,412	7,333	6,200	872	664	943	5,231	165,535
	%	55%	56%	65%	65%	50%	72%	60%	70%	72%	100%	70%	75%	64%

Table 19: Proportion of asphyxiated neonates who were resuscitated and survived, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of asphyxiated neonates , EFY 2014		5,959	78,266	141,868	21,037	4,219	48,268	16,081	11,655	1,593	874	1,773	9,177	340,771
Number of neonates resuscitated for birth asphyxia & survived in EFY 2014	#	352	6,014	24,382	1,465	355	3,912	857	778	50	331	438	3,126	42,060
	%	87%	73%	88%	76%	91%	81%	76%	78%	49%	62%	79%	72%	82%
Planned number of neonates resuscitated for birth asphyxia & survived, EFY 2015	#	5,363	66,526	136,194	17,251	3,966	41,511	13,669	9,906	956	656	1,462	8,827	306,286
	%	90%	85%	96%	82%	94%	86%	85%	85%	60%	75%	82%	96%	90%

5.1.1.5 Immunization Services

Targets

- ✓ Maintain first dose of penta-valent vaccine coverage at 100%
- ✓ Maintain third dose penta-valent vaccine coverage at 100%
- ✓ Increase first dose of measles (MCV1) immunization coverage from 96% to 97%
- ✓ Increase second dose of measles containing vaccine (MCV2) coverage from 66% to 90%
- ✓ Maintain of third dose Pneumococcal conjugated vaccine (PCV3) immunization coverage at 100%
- ✓ Increase fully immunization coverage from 93% to 96%
- ✓ Maintain 100% of infants protected at birth against neonatal tetanus (NNT)
- ✓ Increase proportion of girls (14 year old) who has received HPV 2 Immunization coverage from 42% to 78%

Strategic Initiatives & Major Activities

- Strengthen communication and awareness creation activities on immunization to enhance public awareness
- Design & implement effective evidence based strategies to access immunization service for all
- Expand cervical cancer immunization and strengthen routine immunization program activities



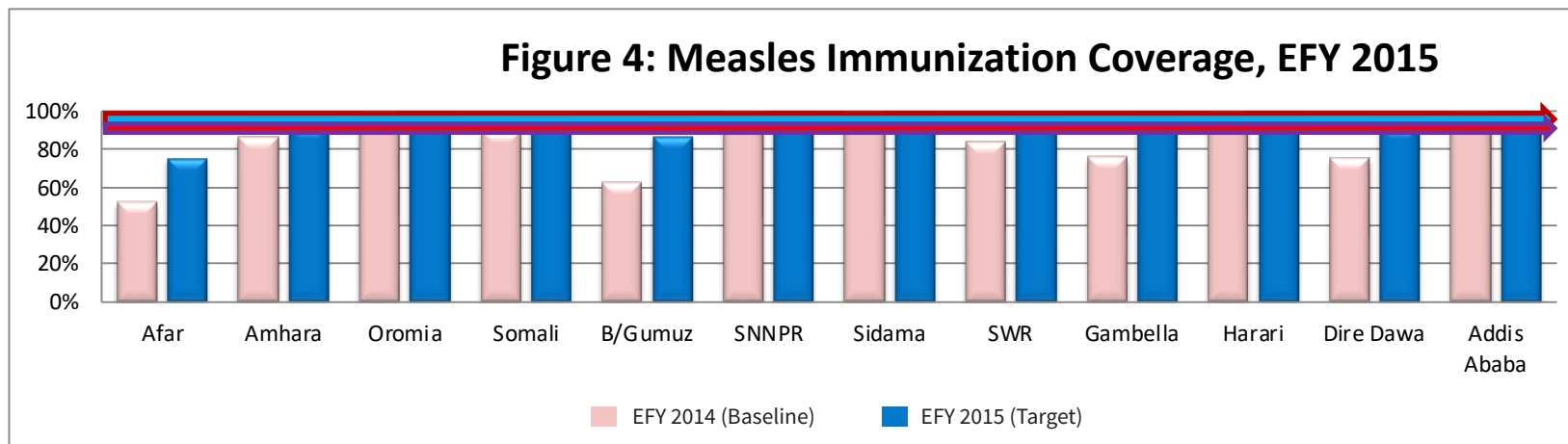
- Strengthen vaccine and medical equipment supply chain management system at all levels
- Strengthen control, eradication and elimination of vaccine preventable diseases (polio, measles, meningitis)
- Introduce, expand and advocate new vaccines to the routine immunization program
- Strengthen immunization services provided within the second year of life
- Support regions, zones and Woredas that have low vaccination coverage and require special support
- Strengthen COVID -19 immunization service
- Strengthen immunization program and organize campaign for areas affected by man-made and natural disasters
- Strengthen capacity building, supportive supervision, regular monitoring and mentorship activities to improve immunization services.

Table 10: Pentavalent 3 Immunization Coverage, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2015		55,779	723,181	1,315,120	195,436	37,933	445,033	148,266	107,456	14,716	8,181	16,667	88,102	3,155,869
Pentavalent 3 Coverage EFY 2014	#	31,700	615,691	1,393,140	187,235	23,180	456,114	157,630	94,657	13,024	8,749	13,480	141,863	3,136,463
	%	58%	86%	100%	98%	63%	100%	100%	90%	91%	100%	83%	100%	100%
Planned Number of surviving infants who have received pentavalent 3 vaccine , EFY 2015	#	50,252	723,181	1,315,120	193,481	37,933	445,033	148,266	107,456	14,716	8,181	15,907	88,102	3,147,628
	%	90%	100%	100%	99%	100%	100%	100%	100%	100%	100%	95%	100%	100%

Table 11: Measles (MCV1) Immunization Coverage, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2015		55,779	723,181	1,315,120	195,436	37,933	445,033	148,266	107,456	14,716	8,181	16,667	88,102	3,155,869
Measles coverage, EFY 2014	#	28,412	610,771	1,309,826	170,987	23,009	439,032	150,646	87,886	10,819	8,155	12,171	132,074	2,983,788
	%	52%	86%	100%	90%	62%	100%	100%	83%	76%	100%	75%	100%	96%
Planned Number of surviving infants who have received measles vaccine, EFY 2015	#	41,834	665,326	1,315,120	183,710	32,954	445,033	147,882	100,816	14,716	8,181	15,347	88,102	3,059,021
	%	75%	92%	100%	94%	87%	100%	100%	94%	100%	100%	92%	100%	97%

Figure 4: Measles Immunization Coverage, EFY 2015**Table 12: Pneumococcal conjugate vaccine (PCV3) immunization Coverage, EFY 2015**

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2015		55,779	723,181	1,316,914	195,436	37,933	445,033	148,266	107,456	14,716	8,181	16,667	88,102	3,157,663
PCV 3 coverage, EFY 2014	#	31,225	613,124	1,381,750	185,556	23,083	450,432	156,738	93,301	12,959	8,721	13,332	141,542	3,111,763
	%	57%	86%	100%	97%	62%	100%	100%	88%	91%	100%	82%	100%	100%
Planned Number of surviving infants who have received PVC 3 vaccine, EFY 2015	#	50,252	723,181	1,308,493	195,436	37,933	445,033	148,184	107,456	14,716	8,181	16,667	87,702	3,143,232
	%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 13: Rotavirus 2 immunization Coverage, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2015		55,779	723,181	1,316,914	195,436	37,933	445,033	148,266	107,456	14,716	8,181	16,667	88,102	3,157,663
Rota virus 2 coverage, EFY 2014	#	22,418	496,682	1,193,874	168,569	18,723	423,793	156,843	82,039	7,829	6,327	13,708	140,366	2,731,172
	%	76%	70%	87%	73%	54%	96%	98%	77%	55%	100%	85%	100%	81%
Planned Number of surviving infants who have received Rota virus 2 vaccine, EFY 2015	#	50,252	708,131	1,316,914	179,933	20,558	403,651	148,184	102,995	14,716	8,181	15,716	88,102	3,057,332
	%	90%	98%	100%	92%	54%	91%	100%	96%	100%	100%	94%	100%	97%

Table 14: Fully immunization coverage, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2015		55,779	723,181	1,316,914	195,436	37,933	445,033	148,266	107,456	14,716	8,181	16,667	88,102	3,157,663
Number of surviving Infants fully Immunized, EFY 2014	#	24,965	594,335	1,278,528	139,946	21,839	425,250	148,208	84,834	7,178	7,914	11,844	127,465	2,872,306
	%	46%	83%	99%	73%	59%	97%	100%	80%	50%	99%	73%	100%	93%
Planned Number of surviving infants fully immunized, EFY 2015	#	36,256	672,558	1,316,914	158,303	28,829	436,132	147,803	97,785	11,037	8,181	14,333	88,102	3,016,233
	%	65%	93%	100%	81%	76%	98%	100%	91%	75%	100%	86%	100%	96%

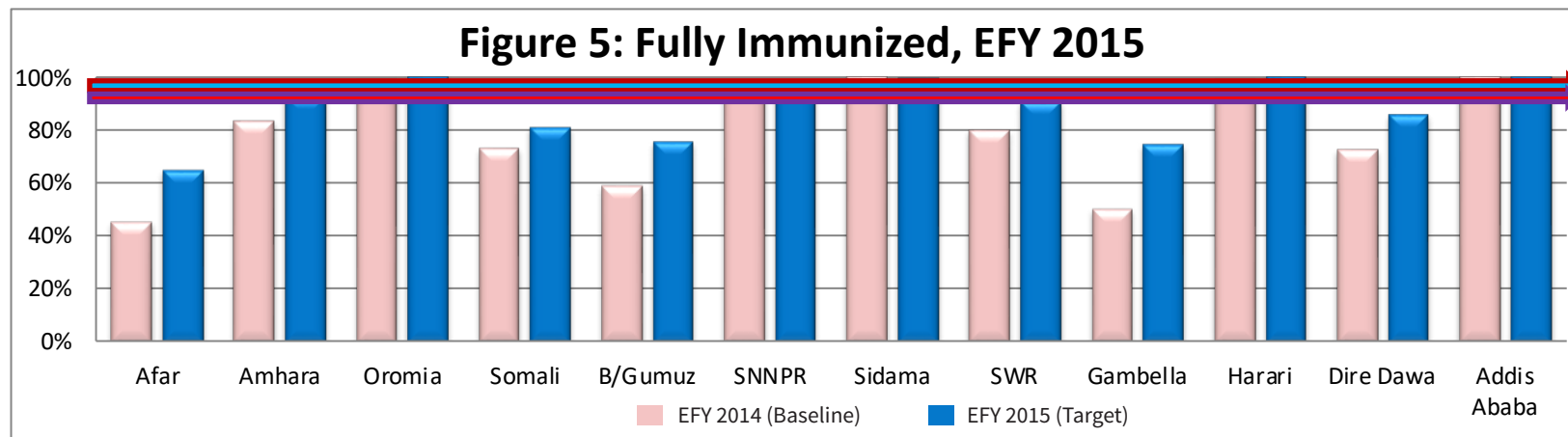


Table15: Proportion of infants protected at birth against neonatal tetanus (NNT), EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of live births, EFY 2015		59,593	78,266	1,418,684	210,372	42,194	482,682	160,809	116,546	15,927	8,740	17,731	91,773	2,703,318
Number of live births Immunized for NNT, EFY 2014	#	25,910	617,499	1,400,518	137,482	24,549	472,599	157,592	95,621	8,396	9,329	13,767	144,645	3,107,907
	%	73%	68%	86%	72%	48%	93%	95%	79%	34%	100%	76%	100%	100%
Planned Number of live births immunized for NNT, EFY 2015	#	49,143	78,266	1,418,684	210,372	42,194	482,682	160,548	116,546	14,334	8,740	17,731	91,773	2,691,013
	%	82%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%

**Table 16: Proportion of girls (14 year old) who has received HPV 2 Immunization, EFY 2015**

INDICATOR		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 2015		34,053	282,177	499,197	77,425	15,851	173,263	57,724	41,835	6,323	3,292	6,509	51,165	1,248,813
Number of girls 14 year old received HPV2 , EFY 2014	#	2,368	140,984	459,249	203	4,460	90,222	5,220	31,027	3,426	2,853	2,397	15,891	758,300
	%	41%	40%	62%	1%	24%	53%	7%	59%	52%	34%	54%	75%	42%
Planned Number of girls 14 years old received HPV2, EFY 2015	#	18,729	169,306	499,181	42,584	7,608	121,284	31,748	31,795	4,489	2,041	4,881	43,490	977,137
	%	55%	60%	78%	55%	48%	70%	55%	76%	71%	62%	75%	85%	78%

5.1.1.6 Adolescent and Youth Health

Targets

- ✓ Increase proportion of health centers providing youth friendly services from 51% to 60%
- ✓ Reduce teen age pregnancy from 13% to 12%

Strategic Initiatives & Major Activities

- Conduct adolescent and youth health mobilization forum through active participation of youth
- Strengthen adolescent and youth health services by capacitating professionals and providing service supported by technology
- Expand consultative services to avail comprehensive health information for adolescent and youth and develop healthy behavior
- Strengthen activities to provide necessary health and social services to victims of GBV and harmful traditional practices (early marriage, abduction)
- Strengthen and integrate adolescents and youth health service in school health programs
- Strengthen family planning service program (RISE) for young couple's (married)
- Strengthen the provision of youth and adolescent health services in damaged health facilities by various man-made and natural disasters
- Strengthen catchment mentorship for health facilities and professionals at different levels.

5.1.1.7 Nutrition

Targets

- ✓ Increase proportion of children under 2 years who participated in Growth Monitoring and promotion from 55% to 71%
- ✓ Increase proportion of children under five year screened for malnutrition from 66% to 77%
- ✓ Increase proportion of children aged 6–59 months who received two doses of vitamin A supplement from 88% to 93%
- ✓ Increase proportion of children aged 24-59 months who received de-worming drugs twice in the fiscal year from 88% to 93%.
- ✓ Maintain 100% coverage of pregnant women who received iron and folic acid (IFA) supplements for at least 90+days
- ✓ Increase proportion of children cured from SAM from 82% to 85%.
- ✓ Increase proportion of pregnant and lactating women screening for malnutrition from 71% to 81%
- ✓ Reduce proportion of newborn with low birth weight from 36% to 25%.

Strategic Initiatives & Major Activities

- Strengthen the implementation of the Food and Nutrition Strategy at all levels
- Strengthen food and nutrition data quality, communication and information dissemination
- Strengthen and expand comprehensive nutrition services and the first 1,000 days program activities.
- Strengthen de-worming and Vitamin A supplementation services for children
- Strengthen provision of de-worming for pregnant women
- Strengthen provision of micronutrients (Iron, Folate, Zinc, Calcium, and MNP) supplementation for pregnant women
- Expand and strengthen nutritional screening to children, adolescent & youth, pregnant and lactating women and people living with HIV
- Strengthen management of moderate and severe acute malnutrition
- Implement evidence based innovative approaches to strengthen quality of growth monitoring and nutrition services
- Strengthen food and nutrition services to adolescent & youth
- Expand and strengthen treatment of malnutrition at health facilities
- Strengthen and expand Baby Friendly Health Facilities (BFHI) initiative in health facilities
- Ensure availability of nutritional supplies by closely monitoring the forecasting, procurement, storage, and distribution processes
- Strengthening multi-Sectoral nutrition coordination and integration



- Strengthening the integration of nutrition services in the catchment mentorship program
- Conduct supportive supervision, evaluation and capacity building activities to strengthen nutrition services.

Seqota declaration

Targets

- ✓ Increase the implementation of Sekota declaration from 214 to 240 districts;
- ✓ Increasing the implementation of African Development Bank Woredas from 8 to 40;
- ✓ Increase community lab from 24 Woredas to 50
- ✓ Increasing UNISE information technology from 8 to 21 Woredas

Strategic Initiatives & Major Activities

- Provide technical support for Regional and city administration, to allocate budgets and guide implementation through scorecards to prepare a budget-supported Woreda plan.
- Preparing the forums of the senior management and technical team held by the federal government
- Providing support to the senior management forums held by the regional and city governments
- Develop budgeted expansion phase and African Development Bank project plan.
- Conduct and provide technical support for the second year implementation of African Development Project.

Table 20: Proportion of Children 6-59 Months of Age who received two doses of Vitamin A, EFY 2015

INDICATOR		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 2014		209,717	2,991,306	6,132,639	672,392	194,019	1,944,678	647,885	469,553	71,671	36,487	66,848	250,506	13,687,700
Number of Children 6-59 Months Received two doses of Vitamin A in EFY 2014	#	29,325	2,671,245	5,779,621	122,037	93,479	1,908,613	615,584	242,600	22,051	31,018	50,424	240,979	11,806,976
	%	14%	91%	96%	19%	49%	100%	97%	53%	30%	87%	78%	98%	88%
Planned Total number of children aged 6-59 months who received a dose of Vitamin A supplementation, EFY 2014	#	136,316	2,752,001	5,948,660	369,816	155,215	1,944,678	641,407	352,165	46,586	32,839	61,500	227,960	12,669,142
	%	65%	92%	97%	55%	80%	100%	99%	75%	65%	90%	92%	91%	93%

Table 21: Proportion of children 24-59 months of Age Dewormed Twice, EFY 2015

INDICATOR		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 2015		159,068	1,972,829	4,383,310	531,920	128,162	1,455,222	484,819	351,371	49,437	24,238	44,187	175,008	9,759,571
Number of Children 2-5 Years of Age Dewormed Bi-Annually, EFY 2014	#	19,913	1,739,007	4,226,669	101,100	57,573	1,473,829	450,426	175,896	12,221	23,364	34,189	106,295	8,420,482
	%	13%	89%	99%	19%	46%	100%	95%	51%	25%	99%	79%	62%	88%
Planned number of children aged 2-5yrs who received 2nd dose of de-worming, EFY 2015	#	63,627	1,815,002	4,383,310	319,152	89,714	1,455,222	465,426	245,960	27,190	24,238	43,303	154,007	9,086,151
	%	40%	92%	100%	60%	70%	100%	96%	70%	55%	100%	98%	88%	93%

Table 22: Proportion of children under 2 years of age who participated in Growth Monitoring and Promotion, EFY 2015

INDICATOR		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 2015		77,643	1,172,698	2,329,693	157,781	72,010	722,842	240,821	174,534	26,215	14,145	23,101	106,826	5,118,309
Number of Children under 2 Years of age participated of GMP, EFY 2014	#	3,364	547,627	1,451,836	6,321	16,751	434,511	155,145	70,935	884	8,183	3,725	40,794	2,740,074
	%	4%	47%	64%	4%	24%	62%	66%	41%	3%	59%	17%	39%	55%
Planned number of children who participated Growth monitoring, EFY 2015	#	38,821	820,889	1,700,676	78,890	37,445	520,446	183,024	130,901	14,418	9,194	18,481	72,933	3,626,119
	%	50%	70%	73%	50%	52%	72%	76%	75%	55%	65%	80%	68%	71%

Table 23: Proportion of pregnant women received iron and folic acid supplements at least 90 plus, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of Pregnant women, EFY 2015		59,593	782,663	1,418,684	210,372	42,194	482,682	160,809	116,546	15,927	8,740	17,731	91,773	3,407,714
Number of Pregnant women who received iron & folic acid supplementation, EFY 2014	#	25,247	621,251	1,578,733	121,901	20,780	549,287	182,147	104,461	9,327	16,823	18,183	152,549	3,400,689
	%	43%	81%	100%	59%	51%	100%	100%	91%	60%	100%	100%	100%	100%
Planned number of pregnant women to receive iron & folic acid at least 90 plus, EFY 2015	#	53,634	782,663	1,418,684	204,061	41,350	482,682	160,809	116,546	15,608	8,740	17,731	91,773	3,394,281
	%	90%	100%	100%	97%	98%	100%	100%	100%	98%	100%	100%	100%	100%

5.1.2 Diseases Prevention and control

5.1.1.1 HIV/AIDS

Targets

- ✓ Increase proportion of adult and children living with HIV who know their HIV status from 87% to 93 %
- ✓ Increase the proportion of adults and children receiving ART from 81% to 95%
- ✓ Increase proportion of adults receiving ART from 84 % to 95%
- ✓ Increase proportion of children receiving ART 35% to 55%.
- ✓ Increase percentage of people receiving antiretroviral therapy with viral suppression below 1000 ml from 96% to 97%
- ✓ Increases family planning services for women 15 -49 years age living with HIV/AIDs from 37% to 64%
- ✓ Increase TB preventive therapy coverage for HIV patients from 48% to 60%
- ✓ Provide STI treatment service for 699,768patients.
- ✓ Reach 61% of key and priority populations for HIV prevention behavior change communication programs

Strategic Initiatives & Major Activities

- Expand HIV/AIDS preventive service in community
- Strengthen prevention and control of STIs
- Strengthen HIV counseling and testing with innovative strategies for key and priority population;
- Strengthen effort to scale up ART provision and initiate third generation ART treatment;
- Conduct maximum efforts to decrease viral load suppression below 1,000 copies per milliliter in adults and children on ART.
- Strengthen monitoring and evaluation of HIV program services and improve the quality of data management.
- Fulfill supplies for HIV through strong follow up and monitoring
- Strengthen prison health facilities HIV prevention, testing and treatment services.
- Strengthen and improve quality of STI control and treatment services with enhancing service integration.
- Provide support and care services to 47,408 OVC
- Provide care and support services to 28,562 PLHW
- Enhances evidence utilization and distribution to accelerated HIV Responses services;
- Improve accessibility of HIV prevention behavior change communication programs to key and priority populations

- Strengthen social interaction on HIV prevention, control and mainstreaming
- Strengthen provision of male circumcision in health facilities;
- Strengthen and expand ART service providing health facilities
- Conduct prevention activity through structural, bio-medical and behavioral protection for key and priority populations.
- Enhance HIV case detection by Intensifying Targeted HIV Testing and Counseling Services through innovative testing approaches
- Strengthen delivery of higher quality ART service and initiate third-line ARV service

Table 23. Number of STI cases managed, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of STI cases managed , EFY 2014	#	1,117	60,863	157,898	6,342	2,419	22,294	12,344	2,351	3,375	395	2,310	37,321	309,029
Number of STI cases managed , EFY 2014	#	15,917	18,325	328,511	153,933	24,029	8,128	81,358	3,770	3,106	43,804	14,153	4,734	699,768

Table 24: Percentage of people living with HIV who know their status, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Number of Expected HIV+, EFY 2015	#	11,783	191,480	179,128	5,543	6,058	33,109	13,499	5,217	20,533	14,091	11,033	105,231	596,705
Number of people who know their HIV status in EFY 2014	#	542	162,789	255,240	37	1,688	6	5,968	3,547	4,536	4,662	9,183	485,746	933,944
	%	90%	92%	92%	80%	88%	85%	90%	90%	69%	90%	85%	93%	87%
Planned Number of people who know their HIV statu, EFY 2015	#	10,840	179,991	168,380	4,601	5,573	29,136	12,284	4,800	16,837	13,104	9,709	98,917	554,173
	%	92%	94%	94%	83%	92%	88%	91%	92%	82%	93%	88%	94%	93%

Table 25 Number people living with HIV receiving ART, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of PLHIV receiving ARTin EFY 2014	#	4,805	142,999	117,796	2,261	3,715	30,103	10,572	7,268	10,189	4,295	6,425	104,229	444,657
Planned Number of PLHIV planned to receive ART, EFY 2015	#	8,627	164,884	129,898	4,847	5,263	32,934	16,985	-	11,152	4,429	9,248	97,989	486,255

**Table 26: Percentage of ART clients with viral load test in the past 12 months with suppressed viral load, EFY 2015**

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Number of Expected HIV+ starting ART, EFY 2015	#	1,267	10,899	146,773	40	30,638	294	979	953	199	197	382	2,957	195,578
Number of ART clients with viral load test in the past 12 months, in EFY 2014	#	-	56,753	68,828	196	521	148	7,340	841	3,224	3,171	2,175	50,836	194,033
	%	95%	96%	96%	96%	97%	96%	96%	0%	94%	97%	97%	97%	96%
Planned Number of ART clients with viral load test in EFY 2015	#	1,216	10,518	142,733	38	29,719	283	945	914	189	194	368	2,898	190,016
	%	96%	97%	97%	97%	97%	96%	97%	96%	95%	98%	97%	98%	97%

5.1.1.2 Hepatitis Prevention and Control

Targets

- ✓ Provide hepatitis B diagnosis service for 241,853 non pregnant people
- ✓ Provides Hepatitis treatments services for 6,378 non-pregnant people

Strategic Initiatives & Major Activities

- Improve community awareness on hepatitis through disseminating messages by using different methods
- Strengthen hepatitis prevention activities in vulnerable communities.
- Expand hepatitis diagnosis, treatment and viral load testing services in hospitals and health centers
- Enhance implementation of viral hepatitis prevention, control, monitoring and evaluation

5.1.1.3 TB Prevention and Control

Targets

- ✓ Increase all forms of TB (New and Relapse) cases that were notified and treated from 87% to 90%;
- ✓ Increasing coverage of TB treatment successes rate (TSR) from 96% to 97%;
- ✓ Increasing community-based TB detection coverage from 18% to 20%;
- ✓ Increase drug-resistant TB detection rate and treatment from 61% to 80%;
- ✓ Increase universal first line TB drug susceptibility test (DST) coverage from 72% to 95%
- ✓ Increase HIV testing coverage for all TB cases from 83% to 92%;

Strategic initiative and major activities

- Establish and make accessible a special TB screening, diagnosis and treatment services in 38 different places for more vulnerable community to TB;
- Strengthen sample referral system for TB and drug-resistant TB.
- Strengthen accessible of TB diagnostic Methods.
- Strengthen capacity of professionals and monitoring availability of supplies for TB
- Enhances anti-tuberculosis drug susceptibility testing services
- Strengthen 67 drug-resistant TB treatment initiative center;
- Strengthen integration of TB/HIV and other associated diseases;
- Strengthen TB and drug-resistant TB sample referral system, and accessibility of TB screening methods,
- Ensure availability of supplies for TB and leprosy diagnosis and treatment services in collaborate with other relevant stakeholders.

5.1.1.4 Leprosy Prevention and Control

Targets

- ✓ Detect and notify 2580 (85%) new leprosy cases
- ✓ Increase Leprosy treatment completion rate from 90% to 95%;
- ✓ Decrease coverage of Grade II disability rate among new leprosy cases to less than 8%

Strategic initiative and main activities

- Strengthen community-based leprosy prevention and control activities
- Conduct house-to-house screening for leprosy in 600 kebeles;
- Strengthen 5 leprosy rehabilitation centers;
- Enhance and improve leprosy patients diagnosis and treatment service;
- Strengthen the quality of treatment of leprosy patients;
- Prevent disability of leprosy cases;
- Strengthen community-based leprosy activities.

**Table 27. Percentage of new and relapse TB cases that were notified and treated, EFY 2015**

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Number of Expected TB cases, EFY 2015		2,741	30,656	53,967	8,788	1,633	18,414	6,135	4,446	701	373	727	5,199	133,781
TB Case Detection Rate (Smear positive) in EFY 2014	#	1,898	18,561	49,449	5,979	704	13,880	8,483	3,425	1,074	785	1,367	8,033	113,638
	%	71%	61%	94%	70%	44%	77%	100%	78%	100%	100%	100%	100%	87%
Planned Number of new TB cases Detection (all forms),EFY 2015	#	2,275	26,058	51,269	7,030	1,323	15,100	6,135	4,446	701	373	727	5,199	120,636
	%	83%	85%	95%	80%	81%	82%	100%	100%	100%	100%	100%	100%	90%

Table 28 TB Treatment Success Rate, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
TB Treatment Success Rate in EFY 2014	EFY 2012 (Baseline)	89%	96%	97%	89%	93%	95%	97%	94%	87%	99%	92%	92%	96%
Planned TB Treatment Success Rate for EFY 2015	EFY 2012 (Target)	94%	98%	99%	95%	97%	98%	100%	97%	92%	100%	97%	96%	97%

Table 29. TB Treatment Cure Rate, EFY 2015

INDICATOR	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
TB Treatment Cure Rate in EFY 2014	60%	85%	90%	48%	70%	84%	86%	74%	64%	99%	86%	85%	84%
Planned TB Treatment Cure Rate for EFY 2015	85%	96%	96%	44%	96%	90%	97%	95%	85%	100%	97%	93%	89%

5.1.1.5 Malaria Prevention and Control

Targets

- ✓ Reduce the incidence rate of malaria cases per 1000 people from 29.4 to 14.0;
- ✓ Maintain malaria mortality ratio at 0.33/100,000;
- ✓ Conduct indoor residual spray for 1.9 million unit structure in selected malaria endemic areas
- ✓ Maintain 100% coverage of Long Lasting Treated Net (LLTN) by distributing 19.7 Million nets for HHs which needs replacement.
- ✓ Sustain malaria elimination activities in 565 Woredas

Strategic initiative and main activities

- Improve community awareness on malaria prevention, control and elimination;
- Strengthen malaria surveillance and epidemic response activities.
- Strengthen malaria elimination activities in 565 selected Woredas;
- Strengthen malaria diagnosis and treatment services;
- Follow up the process of purchasing and distribution of antimalarial drugs and rapid diagnostic kits;
- Distribution of 20.6 million bed nets to households who need replacement.
- Strengthen malaria prevention and control activities in development corridors (in the areas of mega project)
- Support and monitor the quality control and assurance of malaria laboratory testing (external quality assurance) in collaboration with partner;
- Strengthen vector control activities;
- Strengthen research and survey activities on malaria prevention and control to enable informed decision-making;
- Strengthen capacity building activities to eliminate malaria;
- Strengthen case and foci investigation and response.

Table 30. Number of LLINs Distributed, EFY 2015

INDICATOR		Afar	Amhara	Oromia	B/Gumuz	SNNP	Sidama	SWR	Gambella	National
Planned Number of HHs with at least one LLINs in targeted villages in EFY 2015	#	914,881	3,949,928	7,186,473	677,869	3,161,196	915,961	1,247,581	220,270	18,274,159
	%	100%	91%	84%	98%	90%	73%	93%	100%	100%

5.1.1.6 Neglected Tropical Diseases Prevention & Control

Targets

- ✓ Provide community mass drug distribution for 65,654,340 people in 521 Woredas at risk of trachoma diseases and reaches 80% coverage ;
- ✓ Provide mass drug treatment for 12,742,503 school age children who are exposed to Bilharzia disease in 444 Woredas and reach its coverage to 75%
- ✓ Conduct mass drug administration for 20,011,586 children in the first round and 11,334,022 school age children in the second round in areas that are prone to intestinal parasites and reach its coverage to more than 75%;
- ✓ Provide ivermectine twice for 23,735,710 people to control Onchocerciasis in 231 Woredas and increase its coverage to more than 84%
- ✓ Provide treatment to 2140 Kala-azar cases;
- ✓ Provide cutaneous leishmaniasis treatment for 2,480 Cases.
- ✓ Provide treatment to 5,135,834 infectious elephantiasis cases and reach its coverage more than 65%;
- ✓ Decrease Kala-azar disease death rate from 2.7% to 2.25%,

Strategic initiatives and main activities

- Strengthen multi-sectoral participation on prevent and control neglected and tropical disease through improving awareness creation activities
- Coordinate and implement water, sanitation and hygiene (WASH) and NTD services at all levels.
- Conduct chemical spray in all ponds of 2 Woredas of Gambella region and ensuring clean water supply to eradicate Guinea worm disease.
- Ensure sustainability of Guinea-worm surveillance and eradication activities;
- Strengthen coordination on environmental health and vector control activities.
- Sustain health institutional capacity to improve eyelid surgery services
- Follow up the availability of supplies to all health facilities to provide treatment for kala-azar in all Kalaza endemic Woredas.
- Strengthen integrated mass drug administration campaign (MDA);
- Improve treatment quality of Neglected and tropical diseases
- Strengthen of rapid detection and reporting of scabies and ensure available treatment supplies.

5.1.1.7 Non-communicable diseases Prevention and control

Targets

- ✓ Provide pre-cervical cancer screening for 1 million women
- ✓ Increase proportion of women with pre-cancerous cervical lesion treatment from 73% to 81%.
- ✓ Increase number of facilities that provide cervical cancer screening services from 1,100 to 1,300;

- ✓ Increase number of people over 30 years of age who are screening for high blood pressure from 4,760,107 to 8,177,712;
- ✓ Increase proportion treated cases with high blood pressure from 21% to 50%. ;
- ✓ Increases proportion people under control of high blood pressure 33% to 50%
- ✓ Increase number of screening for diabetes from 1,122,564 to 2,950,086 people high risk to diabetes (over 40 years and others);
- ✓ Enrolled 91,403 new Diabetic Mellitus patient to care
- ✓ Increases number control of new diabetic among individuals treated for diabetic from 45,426 to 47,504
- ✓ Conduct heart disease risk assessment for 243,368 people;
- ✓ Start treatment for 19,469 patient on high risk of heart disease;
- ✓ Increases number of cataract surgery services from 58,318 to 120,000 people to reduce backlog.

Strategic initiatives and main activities

- Strengthen integration to improve public awareness through dissemination messages on non-communicable diseases and their causes;
- Enhance awareness creation activities on unhealthy feeding habits and make effort to approve its proclamation;
- Strengthen integration of activities on prevention and control of NCD program in all health programs
- Enhance multi-sectorial collaborate to prevent and control of risk factors on NCDs
- Expand number of health facilities providing cervical cancer screening services
- Strengthen tobacco and alcoholic beverages regulation system;
- Strengthen physical exercise in workplace and residential area to reduce NCDs
- Provide capacity building on prevention and control of major NCDs;
- Strengthen and expand integrated screening, diagnosis and treatment of major NCD services;
- Conduct mentorship on cervical cancer in 200 health facilities
- Integrate cervical cancer services in all departments of health facilities
- Improve LEEP service in 45 hospitals to increase its performance
- Strengthen and expand cancer radiation treatment facilities
- Strengthen and expand decentralized breast cancer drug treatment services in hospitals;
- Strengthen and expand secondary eye care units in hospitals;
- Provide support and conduct research on NCDs and their risk factors.
- Conduct a national eye health survey
- Support and monitor NCDs control activities in social conflict and natural disasters areas in IDP sites.

**Table 32: Proportion of hypertensive adults diagnosed for HPN and knows their status, EFY 2015**

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible number of expected hypertension cases , EFY 2015	#	141,951	1,490,867	2,401,743	442,650	76,381	832,924	277,495	201,114	35,301	19,383	38,822	338,672	6,297,302
Number of hypertension cases treated , EFY 2014	#	13,175	896,084	582,485	8,720	16,826	306	223,204	10,918	525	10,296	26,373	58,412	1,847,324
	%	41%	32%	32%	2%	37%	0%	8%	10%	1%	37%	39%	8%	21%
Planned number of hypertension cases detected , EFY 2015	#	85,170	1,118,150	602,980	177,060	53,466	458,108	180,372	124,691	15,885	14,925	21,352	270,938	3,123,098
	%	60%	75%	65%	40%	70%	55%	65%	62%	45%	77%	55%	80%	50%

5.1.1.8 Mental Health Services

Targets

- ✓ Increase proportion of health centers provide mental health facilities from 28% to 54%;
- ✓ Increasing coverage of psychosis treatment services from 7% to 14%;
- ✓ Increasing coverage of depression medical services from 6% to 9%
- ✓ Increasing the coverage of medical services for bipolar cases from 3% to 7%
- ✓ Increasing alcohol addiction treatment (AUD) from 3% to 9%;
- ✓ Increasing coverage of Epilepsy-GTC from 25.8% to 33%

Strategic action and major activities

- Collaborate with schools, religious institutions and community leaders to raise awareness about mental illness and addiction problems.
- Strengthen multi-sectorial cooperation to prevent and control mental illness and substance abuse problems.
- Expand mental health services through assign focal mental health officer in regions, zones and Woredas.

- Identify and implement interventions in environment and workplace to reduce exposure to mental health problem.
- Strengthen collaboration with stakeholders to provide professional support to non-governmental organization giving care for mental illness.
- Provide mental health gap action program (Mh-GAP) training to health professionals and support and follow up the services.
- Strengthen and expand of mental health services at hospitals and health center, respectively;
- Strengthen addiction treatment and rehabilitation services in selected hospitals;
- Implement mental health services integrate with other programs;
- Strengthen mental health promotion and prevention through health extension program
- Capacitate health professionals on basic mental health to expand mental health services
- Enhance knowledge and skills of psychiatric and psychology professionals to enhance mental health service.

Table 33: Proportion of health centers providing integrated mental health services, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: number of Health Centers , EFY 2015	#	97	918	1,421	220	60	496	135	120	28	9	15	101	3,620
Number of HCs provided Mental Health services , EFY 2014	#	34	314	307	-	13	-	26	26	12	2	8	100	842
	%	26%	25%	19%	0%	23%	0%	20%	19%	27%	22%	56%	100%	28%
Planned number of HCs to provide Mental health services, EFY 2015	#	41	422	568	88	28	179	54	46	12	4	9	93	1,543
	%	42%	46%	40%	40%	46%	36%	40%	38%	42%	44%	60%	92%	43%

**Table 34: Proportion of population who received care for psychosis, EFY 2015**

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: number of expected Psychosis , EFY 2015	#	10,382	116,077	204,421	33,287	6,187	69,752	23,238	16,842	2,654	1,414	2,753	19,694	506,701
Number of psychosis cases treated, EFY 2014	#	137	32,746	7,512	-	-	20,007	1,352	276	-	109	43	2,637	64,819
	%	1%	1%	4%	0%	0%	29%	4%	2%	0%	11%	3%	24%	7%
Planned number of psychosis to treatment, EFY 2015	#	1,350	17,411	26,575	2,222	1,015	9,765	2,324	2,695	425	226	551	6,302	70,860
	%	13%	15%	13%	7%	16%	14%	10%	16%	16%	16%	20%	32%	14%

Table 35: Proportion of population who received care for severe Depression, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: number of expected Depression, EFY 2015	#	141,196	1,578,642	2,616,593	452,699	84,141	948,623	316,042	229,050	36,101	19,234	37,444	267,836	6,727,601
Number of Depressed cases treated, EFY 2014	#	294	13,721	41,624	-	-	2,226	9,358	870	-	59	328	14,467	82,948
	%	5%	3%	6%	5%	4%	5%	6%	8%	4%	7%	8%	12%	6%
Planned number of Depression to treats, EFY 2015	#	9,884	126,291	209,327	32,631	6,020	85,376	31,604	22,905	2,888	1,923	4,119	40,175	573,145
	%	7%	8%	8%	7%	7%	9%	10%	10%	8%	10%	11%	15%	9%

5.1.3 Medical services

5.1.3.1 Clinical Services

Target

- ✓ Increase outpatients attendance per capita 1.44 to 1.52
- ✓ Increase inpatient treatment rate from 14 to 16 per 1000 population
- ✓ Increase bed occupancy rate from 59.3% to 65%
- ✓ Decrease the average length of stay from 4.4 to 3.19 days
- ✓ Increase proportion of patients with positive experience of care from 57% to 66%
- ✓ Decrease inpatient mortality rate from 1.9% to 1.5%;

Strategic Initiatives and Main activities

- Strengthen the leadership, management and governance of hospitals
- Strengthen the implementation of hospital service improvement transformation guidelines
- Strengthen the efficiency of the hospital's senior management team (SMT)
- Strengthen clinical leadership and the implementation of clinical audit
- Expand and strengthen specialty and sub-specialty services
- Strengthen access to palliative care services
- Strengthen kidney transplant and dialysis services
- Strengthen of cancer treatment services
- Strengthen clubfoot treatment services
- Strengthen supply of medical gas and its appropriate use
- Strengthen geriatric care activities
- Expand and strengthen rehabilitation services
- Expand and strengthen diagnostic services (imaging, pathology and laboratory services);
- Strengthen hospital service improvement reforms
- Strengthen infection prevention and control (IPC) implementation
- Strengthen the implementation of Clean and Safe Health Institutions (CASH) initiative
- Enhance the quality of nursing services
- Strengthen the implementation of hospital performance monitoring and improvement guidelines/HPMI/
- Strengthen the implementation of the fourth round Hospital Alliance for Quality (EHAQ)
- Strengthen the implementation of the National I-CARE Program
- Strengthen the implementation of medical System Bottlenecks Focused Reform, SBFR-Model.

**Table 36. Outpatient attendance per capita, EFY 2015**

INDICATOR	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Outpatient attendance per capital in, EFY 2014	0.32	1.42	1.18	0.29	0.72	1.38	1.14	0.91	0.53	1.83	1.53	2.54	1.44
Planned Outpatient attendance per capital, EFY 2015	1.12	2.12	1.45	0.50	0.48	0.98	2.53	1.10	1.00	1.00	1.58	2.06	1.52

5.1.3.2 Emergency, trauma/ disability and critical care

Targets

- ✓ Increase ambulance service response rate from 99% to 100%
- ✓ Decrease emergency mortality rate from 0.36 to 0.28
- ✓ Decrease ICU mortality rate from 0.26 to 0.23

Strategic Initiatives and Main activities

- Establish and strengthen community emergency and critical care services squad
- Strengthen implementation of major cities emergency and critical care service improvement project (MECIP)
- Expand and monitor ED QI implementation to improve emergency and critical care services
- Expand and strengthen critical care services
- Strengthen ambulance dispatch system
- Improve ambulance design based on national standards
- Strengthen emergency referral services

- Improve poisoning care road map implementation and health facility's' emergency and mass causality preparedness and response service
- Support emergency and critical care service response and rehabilitation for regions with security problems
- Support research activities on emergency and intensive care services for policy input
- Recognize professionals/facilities, at national level, who have significant contributions for improvement of emergency and critical care services
- Organize and strengthen the structure of emergency and critical care in all regions
- Strengthen pre-facility emergency services
- Increase number of equipped ambulances that provide services with trained professionals in all regions
- Increase number of institutions implementing third-party emergency medical services
- Create a system for health facilities to have a complete referral linkage
- Strengthen capacity in emergency and critical care services.

5.1.3.3 Health service quality

Targets

- ✓ Decrease institutional mortality rate from 2.1 to 1.9
- ✓ Increase Client satisfaction rate from 57.4% to 68.8%
- ✓ Mean duration of in-hospital pre-elective operative stay from 21.4 to 19.4 days
- ✓ Increasing total number of surgical procedures from 292,202 to 343, 278

Strategic Initiatives and Main activities

- Strengthen implementation of national health service quality and safety strategy
- Strengthen quality control activities (death audit) to decrease institutional mortality
- Expand and improve access to high quality surgical and anesthesia care
- Strengthen institutional structure of health care quality
- Improve scope of service and functions of health facilities
- Strengthen activities to provide quality recognition (accreditation) to public and private health facilities
- Strengthen implementation of clinical audit and mentorship program
- Strengthen implementation of integrated service quality improvement plan
- Design and implement national health care safety program focused on high-risk clinical conditions.



5.1.3.4 Laboratory and other Diagnostic Services

Targets

- ✓ Increase number of ISO Standard (ISO 15189 or 17025) accredited laboratories to 20
- ✓ Increase number of SLIPTA quality accredited laboratories to 130
- ✓ Increase number of laboratories that get international recognition (Full scope accreditation) in all disciplines to 2
- ✓ Increases basic laboratory quality management (LQMS) to 85%

Strategic initiative and Main activities

- Provide quality laboratory services by implementing SLIPTA program and establish basic laboratory quality management system;
- Expand 85 laboratory diagnostic technology
- Provide 3,150 standard water physico-chemical testing services to customers
- Enable laboratories to get quality recognition and strengthen organization of overall laboratory service
- Strengthen implementation of laboratory service quality management system and phase by phase laboratory quality improvement process
- Strengthen National Competency Testing/External Quality Assurance Centers;
- Strengthen national capacity for the production and management of proficiency testing panels
- Improve laboratory infrastructures at national and regional levels and increase bio-security and bio-safety capacity at the national level
- Establish legal framework and executive body for bio-safety and bio-security programs
- Support 8 laboratories to implement bio-safety and bio-security program
- Provide support and monitor the improvement of hazardous waste management
- Support approval of Proclamation on the Control of Dangerous Pathogens and Toxic Substances
- Improve basic diagnostic services, sample relay linkage and backup laboratory services
- Strengthen quality and accessibility of pathology services
- Strengthen imaging services including nuclear medicine
- Strengthen national capacity to evaluate and validate the accuracy of laboratory technology and sample testing supplies;
- Strengthen maintenance and repair centers for laboratory equipment
- Strengthening the Laboratory Information System (LIS)
- Improve laboratory service expansion and networking
- Provide 106,272 referral testing services on (HIV, TB, Chemistry, PT and PTT)

5.1.3.5 Blood Bank Services

Targets

- ✓ Increasing unit of blood collected from blood donors from 337,774 units to 490,699;
- ✓ Increases proportion of blood collected from volunteers from 99.9% to 100%
- ✓ Increase proportion of component production 19.2% to 42%
- ✓ Increase post blood donation counseling services from 6% to 14%
- ✓ Increases blood donors satisfaction rate from 90% to 98%
- ✓ Increases health facilities satisfaction on blood & blood product availability from 88% to 90%

Strategic Initiatives and Main activities

- Design and implement blood service's national coordination system
- Develop national blood banks standard
- Strengthen activities that improve the satisfaction of volunteer blood donors
- Collect blood from volunteers
- Implement the motivation and retention system for volunteer blood donors
- Strengthen blood component production
- Strengthen community representation in all blood bank services
- Establish and strengthen blood donor clubs and societies
- Strengthen post blood donation counseling services
- Enhance community awareness to donate blood, eye lenses and organs through various types medias
- Strengthen blood transfusion services coordination system
- Strengthen availability of blood, blood products and eye lenses for health facilities
- Strengthen diagnosis services for communicable diseases during blood transfusion, blood component production and transportation
- Strengthen quality assurance system throughout the process of blood collection up to utilization
- Expand and strengthen the capacity of regional blood banks

5.1.3.6 Health service equity

Strategic initiatives and Main activities

- Strengthen awareness creation activities on equity health services
- Strengthen health equity analysis (HEAT & HEAT PLUS)
- Conduct national health equity survey

- Launch mobile health services in selected areas
- Strengthen technical and financial support for areas with low planning, implementation and health system capacity
- Strengthen motivation mechanisms for professionals working in hard to reach areas, difficult weather conditions and in mobile communities;
- Revise, advocate and implement health extension program strategy for pastoralist areas
- Implement and monitor at least one project based on the four regions health problems (deliver for impact model)

5.1.4 Hygiene and environmental health services

Targets

- ✓ Increase coverage of Households having basic sanitation facilities from 51% to 53%
- ✓ Increase coverage of Open Defecation Free kebeles from 35% to 40%
- ✓ Increase coverage of Households having basic hand washing facilities from 31% to 50%.
- ✓ Increase coverage of Households having separate kitchen from 48 to 52%
- ✓ Increase coverage of Households having smoke free stove from 22% to 30%
- ✓ Increase coverage of water sources which conducted follow up and inspection to 20%
- ✓ Increase coverage of Households having proper solid waste disposal from 35% to 44%
- ✓ Increase coverage of Households having proper liquid waste disposal from 27% to 36%.
- ✓ Increase coverage of Health Facilities with water supply from 57% to 70%
- ✓ Increase coverage of Health Facilities with basic sanitation services from 51% to 73%
- ✓ Increase coverage of Health Facilities with basic waste management system from 64% to 70%

Strategic Initiative and Main activities

- Strengthen sanitation behavioral change communication activities based on culture of the society and existing situation.
- Strengthen market-oriented sanitation system to make sanitary service accessible with efficient and sustainable products;
- Strengthen different sanitation technology options that are suitable for different topography and culture.
- Strengthen and expand systems to decrease open defecation.
- Strengthen communication activities that improve implementation of water sanitation management and treatment at household level.
- Strengthen communication activities that improve food handling and hygiene at household level.

- Strengthen communication activities that improve solid and liquid waste handling and disposal system at household level.
- Design and strengthen procedures and strategies to enable sustainable hand washing behavior.
- Strengthen strategies to improve implementation of oral health.
- Design and strengthen implementation strategies to improve menstrual hygiene and reduce misconception.
- Strengthen and expand implementation of baby WASH.
- Strengthen implementation of communication behaviors for healthy housing and handling.
- Strengthen communication behaviors enable to prevent indoor air pollution.
- Strengthen different strategies enable to improve implementation and accessibility of WASH services in institution other than health facilities.
- Strengthen multi-sectoral collaboration activities to improve occupational health and safety.
- Strengthen multi-sectoral collaboration activities to reduce the impact of air pollution, handling, and use of chemicals.
- Strengthen climate change adaptation system of the health sector.
- Strengthen implementation of public health emergency WASH and environmental health structure activities.
- Strengthen multi-sectoral collaboration activities for WASH and environmental health program.

Table 37: Proportion of households with sanitation facilities , EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Total number of households, EFY 2015		364,282	5,401,029	8,515,697	1,008,689	274,970	2,847,008	948,504	687,425	115,412	72,525	122,365	960,676	21,318,583
Households with sanitation facilities, EFY 2014	#	32,103	1,893,488	5,606,055	117,994	49,532	1,202,856	540,860	267,608	18,313	41,818	62,864	684,051	10,517,544
	%	9%	35%	65%	12%	19%	55%	58%	40%	18%	59%	56%	64%	51%
Cumulative Number of households with sanitation facilities, EFY 2015	#	36,428	2,322,442	5,535,203	90,782	98,989	1,281,154	616,528	323,090	18,466	47,141	73,419	749,327.36	11,192,970
	%	10%	43%	65%	9%	36%	45%	65%	47%	16%	65%	60%	78%	53%

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

INDICATOR		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 2015	#	404	4,025	7,218	1,214	537	3,513	89	636	265	36	47	889	18,873
	%	1%	19%	42%	9%	59%	64%	25%	44%	13%	72%	17%	0%	35%
ODF Kebeles, EFY 2014	#	4	661	2,949	109	315	1,750	159	381	34	26	8	-	6,396
	%	1%	19%	42%	9%	59%	64%	25%	44%	13%	72%	17%	0%	35%
Planned Number of kebeles to declare open defecation free, EFY 2015	#	20	1,087	3,176	134	333	2,319	25	350	40	28	20	-	7,531
	%	5%	27%	44%	11%	62%	66%	28%	55%	15%	79%	34%	0%	40%

Table 39: Proportion of households with waste management system, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Total number of HHs in EFY 2015	#	364,282	5,401,029	8,516,068	1,008,689	274,970	2,847,008	948,504	687,425	115,412	72,525	122,365	960,676	21,318,954
	%	5%	35%	40%	2%	24%	31%	29%	31%	12%	42%	49%	59%	35%
Number of HHs with waste management system, EFY 2014	#	17,163	1,882,855	3,416,461	24,914	65,586	886,500	271,343	214,406	14,175	30,580	60,130	567,964	7,452,076
	%	5%	35%	40%	2%	24%	31%	29%	31%	12%	42%	49%	59%	35%
Planned Number of HHs to have waste management, EFY 2015	#	98,356	2,430,463	4,428,356	80,695	104,489	1,081,863	237,126	261,222	20,774	42,065	79,537	528,372	9,393,317
	%	27%	45%	52%	8%	38%	38%	25%	38%	18%	58%	65%	55%	44%

Table 40: Proportion of health facilities (HF) with basic sanitation facilities, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Total number of HFs, EFY 2015	#	524	4,724	8,589	1,691	499	3,129	948	708	175	38	53	114	21,192
	%	56%	42%	56%	9%	50%	0%	65%	96%	36%	55%	86%	53%	50%
Number of HFs with sanitation facilities, EFY 2014	#	246	1,702	10,717	57	1,260	2	435	404	51	19	41	54	14,988
	%	56%	42%	56%	9%	50%	0%	65%	96%	36%	55%	86%	53%	50%
Planned Number of HFs with sanitation facilities, EFY 2015	#	407	3,721	7,006	923	953	2,373	799	437	108	30	51	105	16,912
	%	78%	79%	82%	55%	191%	76%	84%	62%	62%	79%	95%	92%	80%

5.1.5 Health Extension program and Primary Health Care Unit

Targets

- ✓ Increase coverage of High performing PHCU from 15% to 19%
- ✓ Increase coverage of Health posts providing general health care services from 0.6% to 10%
- ✓ Increase implementation of urban PHCU reform from 254 to 465 health center.
- ✓ Increase number of health centers providing Emergency OR from 48 to 100.
- ✓ Increase reporting rate of health center reform guideline from 77.6% to 80%
- ✓ Increase implementation of primary health care quality for alliance coverage from 40% to 50%
- ✓ Increase coverage of health centers using Ethiopian Primary Health Care Treatment Guideline from 85% to 100%.
- ✓ Increase coverage of health education in Health facilities from 20% to 40%

Strategic Initiative and Main Activities

- Develop and strengthen dissemination of new Social Behavioral Change Communication (SBCC) to the community based on reality and need for change.
- Implement comprehensive Health Extension packages for selected health posts.
- Strengthen implementation of health promotion at work place.
- Integrate health posts with the nearest health facility to initiate service provision (either with health centers or primary hospitals)
- Provide Integrated Refreshment Training (IRT) to 42,562 health extension workers on Communicable (CD) and Non-Communicable Disease (NCD) modules.
- Strengthen and expand programs to fulfill community health need and improve UHC coverage.
- Establish Health Extension program unit in all health centers.
- Strengthen Health Extension program by organizing comprehensive Health posts for communities far away from health facilities.
- Improve accessibility of health Extension program in pastoralist, hard to reach areas and vulnerable group of population.
- Strengthen different quality improvement strategies and initiated quality for alliance, to ensure quality health care in PHCU.
- Strengthen and expand urban family health team.
- Revise urban health reform packages.
- Strengthen implementation of woreda transformation.
- Strengthen competency of Model kebeles and high performing PHCU related activities.

- Strengthen woreda health system leadership, management and governance, multi-sectoral response for woreda transformation and health extension capacity.
- Strengthen implementation of clinical services in health centers according to Ethiopian Primary Health Clinical Care Guidelines (EPHCG)
- Identify health centers with constructed OR blocks and enable them to provide surgical services by equipping OR medical equipment and human resources as needed;
- Implement and provide cascading training on revised Ethiopian Health Center reform Implementation Guideline (EHCRIG).
- Strengthen Infection Prevention and Control activities (IPC) in health centers.
- Strengthen implementation of Good Governance Index in health centers
- Initiate Quality Improvement and Clinical Communication Skill in health centers
- Strengthen implementation of clinical audit and mentorship program.
- Work closely with regions to build the capacity of health extension workers by providing integrated capacity building training.
- Strengthen activities that improve access to health information and services in schools, youth centers and other government institutions
- Strengthen school health program by implementing health promotion activities in all schools of woreda's where community participation strategies are implemented;
- Provide necessary monitoring and support for health institutions' facing man-made and natural disaster

5.2 Improving Public Health Emergency management system

Targets

- ✓ Increase coverage of epidemics controlled within the standard of mortality rate from 70% to 86%
- ✓ Increase coverage of surveillance report completeness and timelines from 72% to 88%
- ✓ Increase coverage of epidemics control from 75% to 80%
- ✓ Increase coverage of COVID-19 vaccination coverage from 64% to 72%

Strategic Initiatives and Main Activities

- Improve Public Health Emergency preparedness and readiness system
- Identify exposure and health risks to major public health emergency;
- Conduct Public health emergency investigation and verification;
- Strengthen community awareness in emergency and critical care;
- Strengthen emergency operation centers at national and regional levels; (Establish, support and strengthen public health emergency coordination center)

- Strengthen public health emergency rapid response team (RRT)
- Improve capacity of woredas for emergency preparedness and management
- Expand best practices of public health emergency prediction, investigation and response
- Strengthen infectious diseases control at entry, exit and transit points of the country
- Expand and improve quality of vaccination and medical services provided for international travelers;
- Strengthen disease and health events surveillance and information management system.
- Investigate Public health emergency rumors and sharing it to concerned bodies.
- Strengthen national call center to conduct public health emergency surveillance.
- Establish and strengthen surveillance center for selected public health emergency.
- Ensure continuity of essential health care during and after emergency.
- Forecast occurrence of public health hazards using four-prediction model (EWARS tool)
- Develop and adapt innovative national disease concepts, methods and strategies for Ethiopia and Africa
- Ensure laboratory testing for major public health emergencies (polio, measles, Rota)
- Improve survey and use information about communicable and non-communicable diseases
- Strengthen weekly notification of 3,640 influenza samples results collected from sentinel site
- Strengthen research and survey activities on food science, nutrition and food safety

**Table 41. The proportion of health facilities with complete and timely weekly diseases report, EFY 2015**

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	National
Proportion of health facilities with complete and timely weekly report, EFY 2014	%	70%	65%	79%	9%	66%	67%	87%	77%	80%	80%	89%	72%
Proportion of health facilities with complete and timely weekly report, EFY 2015	%	100%	85%	90%	80%	85%	86%	95%	90%	90%	90%	95%	88%

5.3 Enhance Community Engagement, Empowerment and Ownership

Targets

- ✓ Increase coverage of graduated model households those fully implemented all health extension packages from 30% to 36%.
- ✓ Increase coverage of model kebeles from 18% to 25%
- ✓ Increase coverage of model woredas from 5% to 10%
- ✓ Increase certified WDA with capacity building training from 811,973 to 1,050,000.
- ✓ Increase implementation of alternative community participation strategies from 28 woreda to 100 woreda

Strategic initiatives and Main Activities

- Strengthen activities raising health literacy and health literacy system.
- Strengthen multi-sectorial coordination activities to create model kebele and household.
- Strengthen the initiated WDA, other organizations and alternative community participation strategies and conduct capacity building activities;
- Strengthen community-oriented innovations based on actual environmental situation and societal needs.
- Compile and expand best practices that can bring benefit to public health;
- Strengthen health structures to make effective essential health programs;
- Design and strengthen implementation of alternative strategies to improve community participation in pastoral and semi-pastoral areas;
- Strengthen activities to prevent and control COVID-19 and other epidemics in the community.

**Table 42. The proportion of Model Households, EFY 2015**

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Total Number of Households, EFY 2015		378,523	5,401,029	8,517,554	1,656,225	270,950	2,825,574	948,504	687,422	115,411	72,525	122,368	960,676	21,956,762
Model Households, EFY 2014	#	58,401	2,092,154	3,511,791	66,249	102,848	791,161	455,924	209,493	5,771	41,339	15,149	346,670	7,696,950
	%	15%	39%	41%	4%	38%	28%	48%	30%	5%	57%	12%	36%	29.5%
Planned Model Households in, EFY 2015	#	75,705	2,322,442	3,662,548	99,373	113,799	197,790	493,222	522,441	9,233	44,240	19,579	365,057	7,925,430
	%	20%	43%	43%	6%	42%	7%	52%	76%	8%	61%	16%	38%	36%

Table 43. Functional 1 to 5 network, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Total Number of Eligible Households, EFY 2015		75,705	11,574,856	1,700,560	331,245	29,564	565,115	158,084	144,430	23,082	14,505	24,474	-	14,641,618
Rate of Functional 1 to 5 networking, EFY 2014	%	489%	28%	41%	0%	34%	0%	79%	41%	0%	20%	38%	0%	64%
Planned to functional of 1 to 5 networking EFY 2015	%	39%	89%	75%	35%	42%	72%	89%	90%	85%	63%	57%	0%	85%

Table 44. The proportion of graduated Model Kebeles, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	SWR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible -membership Enrollment rate for CBHI EFY 2015		349	3,559	6,603	776	64	627	636	838	4	15	47	-	13,518
Number of Model Kebeles in EFY 2014	#	2	975	1,955	-	64	627	114	112	4	15	5	-	3,872
	%	0%	20%	24%	0%	10%	25%	20%	14%	1%	52%	11%	37%	17.7%
Number of Model Kebeles Planned in EFY 2015	#	19	854	1,651	31	293	169	153	142	0	8	8	-	3,328
	%	5%	24%	25%	4%	458%	27%	24%	17%	5%	54%	16%	25%	25%

5.4 Improve access to pharmaceuticals and medical devices and their rational and proper use

Targets

- ✓ Increase vital and essential drug supply in health facilities from 78% to 85%;
- ✓ Increase vital and essential drug supply in health centers from 74% to 86%;
- ✓ Increase availability of all requested drugs from 68% to 70%;
- ✓ Reduce drug wastage rate from 3.9% to 3%;
- ✓ Increase coverage from 80% to 84% for patient who receive 100% of their prescribed drugs at health facilities
- ✓ Increase percentage of functional medical devices from 76% to 84%
- ✓ Reduce drug and medical supply procurement time from 229 days to 160 days;
- ✓ Reduce individually prescribed antibiotics from 57.6% to 30%

Strategic Initiatives and Main Activities

- Strengthen global and regional package long-term fixed price purchasing methods;
- Ensure central order management system,
 - Conduct market assessment by gathering market data
- Implement methods of market searching based on the market assessment findings and identify the source of the problems
- Improve demand-based forecasting and supply planning;
 - Prepare short and long-term demand forecasts for health programs and revolving funds
 - Forecast and purchase based on inventory report on time
- Conduct survey on the 4 market challenges (availability, affordability, assured quality and awareness) encounter supply chain of drugs in health facilities
- Identify Vital, Essential and Non-essential (VEN) drug categories, prepare and implement procurement strategies
 - Implement E-Procurement system
 - Procure needs to strengthen cold chain management system
- Strengthen best practices in pharmaceutical warehouse, storage, transportation and distribution processes;
 - Improve and expand implementation of Warehouse management center of excellence;
 - Implement agency's vaccine stockpile management strategy;
 - Establish and implement centralized stock distribution system;



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- Digitalize distribution plan and transport management system, implement appropriate network infrastructure and system development
- Strengthen medical equipment management system;
 - Establish committee with experts from different departments to manage medical equipment
- Improve procedures to reduce drug wastage; manage distorted drugs and dispose unused medical devices;
- Strengthen capacity of domestic drug and medical equipment manufacturers;
- Strengthen implementation of pharmacy services convenient for auditable drug supply chain;
- Strengthen clinical pharmacy and drug information services;
- Strengthen modern and traditional medicines integration system;
- Strengthen public private partnership in supply and management of drugs and medical supplies;
- Strengthen Drug and Therapeutics Committee/DTC;
- Expand model community pharmacy services;

Table 45. Essential drug availability at Health Centers, EFY 2015

INDICATOR	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	National
Essential drug availability at Health Center in, EFY 2014	70%	70%	74%	70%	65%	80%	70%	65%	65%	70%	95%	74%
Essential drug availability at Health Center in, EFY 2015	85%	86%	86%	86%	81%	85%	80%	88%	85%	85%	96%	87%

5.5 Improve Health Regulatory System

Targets

- ✓ Increase coverage of health facilities fully implementing health facilities standard from 43% to 48%;
- ✓ Increase coverage of inspected food and drinking institutions from 38% to 52%;
- ✓ Increase regulation of food producing, importing and distributing institutions from 35.8% to 50%;
- ✓ Increase regulation of food market centers and food retail organizations from 10 rounds to 12 rounds;
- ✓ Increase number of drug registrations and licensing from 519 to 950;

Strategic Initiatives and Main Activities:

- Strengthen registration and regulatory capacity;
- Strengthen food security assurance activities;
- Strengthen infrastructure and implementation regulatory system for manufacturing, storing, distribution and dispensing mechanism of drugs;
- Strengthen post-market inspection and consignment quality control activities;
- Strengthen pre- and post-approval audits based on product and risk;
- Strengthen implementation of supply chain tracking and tracing system;
- Strengthen diagnostic capacity of branch laboratories;
- Expand sustainability of current ISO accreditation of quality control laboratories and strengthen activities to achieve WHO pre-qualification;
- Strengthen pharmaco-vigilance and vaccine safety activities;
- Improve activities for safety and healing practice of traditional medicine;
- Strengthen control mechanism to prevent antibiotic resistance;
 - Strengthen control system for narcotic and psychotropic drugs.

Health professional regulatory system

- Strengthen health professionals licensing and regulatory system
- Digitalize health professionals licensing and regulatory system using HRIS (implementation of e-licensing)
- Conduct task analysis study for new health professions
- Prepare examination roadmap/blueprint for new and health professions that needs revision.
- Conduct item development competency assessment for professions included in professional licensing

- Give practical assessment (OSCE) for one selected health profession
- Provide competency assessment to health professionals graduating from higher educational institutions

Health and health related institutions regulatory system

- Strengthen health and health related institutions regulatory system;
- Strengthen hygiene and environmental health regulatory system of food and beverage service centers;
- Strengthen digital technology supported regulatory system;
- Strengthen Master Facility Registry system;
- Prepare and revise health and health-related institutions standards in collaboration with Ethiopian Standards Agency;
 - Improve quality and regular pre- and post-license inspection system of health facilities;
 - Implement regulatory system on health facilities;
 - Implement hygiene and environmental regulation for health and health-related institutions;
 - Ensure transparency and accountability of regulatory activities on health and health-related institutions;
- Strengthen information exchange system and conduct joint control system with regional and city administrations regulatory bodies;
- Strengthen participation of stakeholders and professional associations in health and health-related institutions regulatory system;
- Strengthen regulatory system supported by information communication technology;

5.6 Improve Human Resource Development and Management

Targets

- ✓ Decrease health professional attrition rate from 6% to 4%;
- ✓ Increase health professionals per 1000 population ratio (doctor, nurse, midwife and health officer) from 1.23 to 1.26;
- ✓ Increase physician per 10,000 populations ratio from 1.30 to 1.35;
- ✓ Increase health officer per 10,000 populations ratio from 1.7 to 2.2;
- ✓ Increase nurses per 10,000 populations ratio from 7.1 to 7.3;
- ✓ Increase midwives to 10,000 populations ratio from 2.2 to 2.5
- ✓ Increase coverage of health centers with at least two midwives from 77% to 82%;

Strategic Initiatives and Main Activities

- Strengthen quality education and training of medical and health science;
 - Launch new health professions and expand programs with professional shortage;
 - Support and improve professional level of health extension workers;
 - Strengthen and expand medical specialty and subspecialty program;
 - Improve and strengthen integration of medical and health science education with health facilities.
 - Implement motivated, competent and companionate health sector workforce system integrating with I-care Initiative;
 - Strengthen and digitalize voluntary service system implementation in health sector;
 - Implement health professional ethical improvement systems.
- Expand and strength Continuous Professional Development program;
 - Improve coverage and link Continuous Professional Development with professional license renewal
 - Develop and strengthen digital training system for Continuous Professional Development
- Strengthen health sector human resources planning, forecasting, monitoring and evaluation
- Strengthen implementation of Health Human Resources Information System (HRIS);
- Design new and strengthen the implemented health sector workers promotion and retention system;
- create job opportunities for graduated health professionals inside the country and abroad;
- Make structural reforms considering the needs of human resource
- Strengthen information sharing of national health sector human resource;
- Improve different health professionals' benefit guidelines;
- Evaluate new health professionals entering the market by preparing Job Evaluation and Grading (JEG);

5.7 Enhance Informed Decision Making and Innovation

Targets

- ✓ Increase Woreda Based Health Sector Plan preparation using software from 83% 100% Woredas;
- ✓ Increases coverage of health facilities data quality verification factor within 10% range for selected indicators from 88% to 92%
- ✓ Increase LQAS in health facilities that have not more than 76% difference of selected indicators to 85%;
- ✓ Increase implementation of revised agrarian CHIS in health posts from 70% to 90%;

- ✓ Increase birth notification from 48% to 60%
- ✓ Increase death notification from 4% to 10%;
- ✓ Increase public health facilities report timeliness from 61.3% to 92%;
- ✓ Increase public health facilities report completeness from 81.7% to 95%.

Strategic Initiatives and Main Activities

- Strengthen HSTP II implementation and one plan, one budget and one report principle;
- Prepare quality plan through strengthen development of sectors strategic and annual plan;
- Strengthen health information management system and data quality;
- Strengthen implementation of DHIS2 in private health facilities;
- Strengthen implementation of Capacity Building Mentorship Program (CBMP);
- Strengthen and expand Community Health Information system (CHIS);
- Establish birth and death notification and cause of death information system;
- Digitalize plan preparation, data management and use;
- Strengthen national, regional and local disease burden measurement
- Strengthen information use culture at all levels;
- Strengthen research and evaluation of health system, health policies, programs and strategies for their effectiveness and impact
- Improve national health information management, information security and strong data systems
- Improve evidence-based decision-making and knowledge transfer by enhancing health information management system
- Develop and launch formal scientific platforms to disseminate research findings
- Strengthen surveillance for infectious communicable diseases (bacterial, parasitology, and zoonosis) including (Covid 19) and non-communicable diseases

Main activities

- Create capacity at all level to strengthen one plan, one budget and one report principle;
- Complete and prepare EFY 2016 WBHS plan in well-aligned and sequential manner;
- Enhance different survey and disease surveillance information system;
- Enhances knowledge management system at different levels;
- Enhance information use by disseminating and improving communicable and non-communicable diseases research and surveillance;
- Implement health information system by designing different strategies to ensure the overall quality of information
- Conduct periodic monitoring at all levels to strengthen data use culture;

- Work in collaboration with relevant departments to translates research-based evidences into policies
- Provide evidence-based data that helps to improve implementation of reforms and policy, programming and development.
- Perform activities to improves civil registration and implementation of birth, death and cause of death notification
- Conduct short- and long-term medical research and design strategies that improves community health services;
- Create awareness on the revised planning, monitoring and evaluation guideline at all levels;
- Prepare and disseminate regular health sector report to all stakeholders;
- Conduct monthly DHIS2 data analysis and submit to leadership for making evidence-based decision on time
- Strengthen capacity building process of PMT for departments/Case teams in health facilities;
- Build the capacity of professionals to strengthen activities that improve evidence-based police making.
- Publish and disseminate 10 publications on EPHI Journal
- Publish 101 scientific manuscript by renowned scientific journals
- Prepare 25 evidence briefs
- Share result of research findings to the society
- Produce 15 research scientific report on food and nutrition
- Produce 39,000 Fermi vaccine (anti-Rabis vaccine)
- Introduce 100 health and health Information in to the EPHI data base system;
- Provide safety verification service for traditional medicine
- Identify eight geospatial health centered information by maintaining quality data entry in data base and prepare implementation guideline
- Strengthen participation of production companies in research activities
- Strengthen community support initiative to fulfill institutions social responsibilities
- Launch basic biomedical, clinical and epidemiological research on infectious and non-communicable diseases that generate new knowledge
- Conduct medical biotechnology research and health innovations to improve medical tool, pharmaceuticals, vaccines, antibodies and clinical diagnostics

**Table 46. Proportion of health facilities with complete report, EFY 015**

INDICATOR	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 2014	72%	89%	90%	71%	68%	82%	86%	87%	66%	90%	92%	92%	82%
Proportion of Health facilities Planned with complete reported in, EFY 2015	90%	97%	97%	98%	97%	90%	97%	91%	90%	100%	100%	98%	95%

5.8 Improve Health Financing

Targets

- ✓ Increase coverage of woredas that started CBHI service from 84.5% to 90%
- ✓ Increase coverage of families included in CBHI from 66% to 75%
- ✓ Increase membership/health insurance coverage of social/government workers and pensioners to 100%
- ✓ Increase CBHI members renewal rate from 83% to 95%
- ✓ Increase membership contribution rate from 94% to 100%
- ✓ Improve woreda subsidy income coverage from 94% to 100%
- ✓ Increase auditable schemes from 65.7% to 100%
- ✓ Achieve 100% liquidation of transferred budget to woredas
- ✓ Increase coverage of woreda performing financial audits from 74% to 100%
- ✓ Increase health facilities meeting baseline standard from 53% to 70%
- ✓ Increase membership satisfaction rate from 70% to 85%

Strategic initiatives and main activities

- Strengthen activities for resource mapping and designing different strategies to mobilize resource;
- Improve revenue collection system and budget utilization of health facilities;
- Strengthen efforts of persuasion to increase government budget allocation;
- Improve resource mapping and allocation for priority health programs.
- Make an effort to strengthen the service packages of compulsory social health insurance system;
- Strengthen performance and results-based financing system.
- Enhance resource utilization capacity by implementing efficiency and cost-effectiveness strategies;
- Establish financial utilization tracking system and strengthen regular audit activities;
- Strengthen civic associations and organization project performance and continuous monitoring activities;
- Strengthen public-private partnerships in the health sector;
- Prepare various grant proposals and procedures that enables resource mobilization;
- Strengthen cooperation frameworks in the health sector;
- Compile and disseminate best practices on CBHI;
 - Prepare ignition document for awareness creation and implement at every level
 - Conduct regional leadership movement and CBHI evaluation conferences in all regions and city administrations to ensure membership and renewal work
 - Prepare manual to increase CBHI coverage at Woreda based on study finding from pastoralist and special support regions.
- Strengthen CBHI registration and renewal by increasing community awareness;
 - Conduct survey to identify problems that may reduce membership registration and renewal rates
 - Conduct advocacy work by political leaders for community members that cannot afford to get health insurance coverage
 - Ensure that adequate individual subsidies are allocated to the sections of the society who cannot pay
- Strengthen stakeholders coordinated to initiate Social Health Insurance (SHI);
 - Collect and organize information of social security agency and pensioners in each sector to register for social health insurance membership
 - Conduct discussions with federal and regional institution leaders to initiate social health insurance
- Strengthen individual subsidy system to enter into CBHI account on time;

- Strengthen technology-supported financial audit system in CBHI Woredas
- Improve resource mapping system and increase national budget sources for multi-sectoral response;

5.9 Enhance Leadership and Governance

Targets

- ✓ Increase number of Woredas/Health centers implementing Community Score Card from 722 to 802
- ✓ Conduct assessment on 30 Hospitals those are implementing Good Governance Index (GGI)

Strategic Initiatives and Main Activities

- Strengthen leadership competency building strategies;
- Strengthen implementation of Community Score Card;
- Strengthen participatory/inclusive activities to qualify women leadership in all health programs & management
- Strengthen prevention of Gender-Based Violence and response system
- Work in collaboration with Civil Service Commission to strengthen the implementation of revised human resource structure
- Strengthen and expand Kaizen implementation in hospitals;
- Strengthen activities that ensure access to health services and participation for people with disabilities;
- Strengthen one plan, one budget and one report principles for the health sector.
- Enhance activities to institutionalize complaint resolution and monitoring methods at all level
- Strengthen partnership and coordination between government and private institutions as well as non-governmental organizations
- Implement laws (framed and under framing), rules and regulations and enforce them to the lower level;
- Strengthen sectors coordination to prevent Covid-19 outbreak and expand vaccine coverage
- Strengthen reform and good governance activities;
- Strengthen activities to increase effectiveness of ethical capacity
- Provide reliable transportation and vehicle maintenance
- Strengthen activities for creating safe and comfortable environment for employees by make the institution compound clean and beautiful
- Implement incentive packages and accountability mechanisms in the health sector to improve transparent resource allocation system
- Strengthen the legal services activities in the sector and narrow gaps seen at all level;

Table 47. Proportion of primary health care facilities implementing Community Scorecard, EFY 2015

INDICATOR		Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	SWR	Gambella	Harari	Dire Dawa	National
Eligible: Number of HF's	#	425	881	1418	821	85	1637	135	849	30	9	15	6314
Number of Primary Health Care facilities implementing Community Score Card , EFY 2014	#	204	714	1,177	665	68	1,391	113	722	25	7	15	5,101
	%	48%	81%	83%	81%	80%	85%	84%	85%	83%	80%	100%	81%
Number of Primary Health Care facilities implementing Community Score Card, EFY 2015	#	298	793	1,290	706	73	1,473	123	747	26	8	15	5,552
	%	70%	90%	91%	86%	86%	90%	91%	88%	86%	85%	100%	88%

5.10 Improve Health Infrastructure

Target

- ✓ Improve basic health service coverage from 88% to 94%;
- ✓ Complete AHRI research center building from 93% to 100%;
- ✓ Complete Alert trauma hospital building from 44% to 65%;
- ✓ Complete 25% construction of Alert dermatology and plastic surgery center
- ✓ Complete 25% of emergency treatment general hospital building
- ✓ Complete 30% of St. Paul hospital diagnostic treatment center building
- ✓ Complete 35% of Emanuel hospital residential building (G+15) for health professionals
- ✓ Complete 25% construction of modern warehouse for Ministry of Health
- ✓ Increase coverage of health facilities with improved water supply from 65.6% to 73%;
- ✓ Increase coverage of health facilities with fully installed electricity from 77% to 86%;
- ✓ Increase coverage of health facilities that meets the standard of health facilities from 62% to 65%;
- ✓ Increase the coverage of health facilities with sanitation services from 76% to 78%;

Strategic Initiative and Main Activities

- Strengthen expansion of federal hospitals constructions
- Strengthen the design work those are compatible with the local climate, landscape and health service needs.
- Strengthen reconstruction, maintenance and renovation works of standardized health and health-related institutions;
- Improve level of construction and strengthen new construction of health post in the Kebele located far away from health centers to provide comprehensive health services.
- Establish medical equipment repair centers and strengthen their performance capacity;
- Strengthen standardized procedures of pre-dis function maintenance centers initiated for health and health-related medical equipment and supplies;
- Expand health infrastructure (water, electricity, information communication technology) supported by Ministry of Health and partner budget

5.11 Improve Digital health Technology

Targets

- Increases implementation of Electronic Medical Record from 5 to 66 public health facilities
- Implement revised DHIS2 in 100% health facilities

Strategic Initiatives and Main Activities

- Strengthen digitalization of capturing health information, including those which are already started
- Strengthen digitalization of routine and non-routine health related evidences through collection, capturing, analyzing and utilization
- Strengthen technology supported decision making by health professionals for priority health services
- Enhance capacity of health workforces using technology-based system
- Digitize service provision to customers through improving customers-providers interaction and perform activities to develop awareness.
- Strengthen infrastructure of information communication technology at all levels of the health system
- Prepare and submit six technical technology evaluation reports
- Strengthen national level data warehouse

5.12 Improve Traditional Medicine

Targets

- ✓ Conduct 1 assessment on traditional medicines
- ✓ Conduct study on 4 alternative traditional medicine
- ✓ Conduct study on 2 plants medicines effectiveness
- ✓ Conduct 2 clinical trials

Strategic Initiatives and Main Activities

- Strengthen framework of traditional medicines and practices through an inclusive and integrated approach
- Strengthen coordination with stakeholders for biodiversity conservation to improve knowledge and practice on medicinal plant and traditional medicine
- Enhance and promote traditional medicine intellectual property rights and indigenous knowledge rights for registration and commercial license
- Strengthen research and clinical trials for traditional medicines by involving educational and research institutions
- Prepare and strengthen implementation incentive package to expand industries for the production of scientifically proven traditional medicines
- Build capacity of traditional medicine experts, third degree researchers and human resources engaged in the production and supply management of traditional medicines
- Strengthen coordination between traditional medicine and primary health care units
- Conduct assessment on ethno-medical traditional healers and medicine in various Woredas
- Conduct study on alternative traditional medicines
- Conduct study on effectiveness of plant remedies

5.13 Health in All Policies

Targets

- Finalize health in all sectors policies and strategies framework
- Conduct two workshops with all sectors to incorporate health in their policies, strategies & annual plan

Strategic Initiatives and Main Activities

- Conduct advocacy to include health and health related issues in all relevant sector policies, strategies and operational plan
- Strengthen advocacy to allocate proper budget to sector-specific strategic measures for social determinants of health

- Strengthen joint planning, monitoring and evaluation activities for multi-sectoral action based on evidence
- Finalize Health in All Policies framework to facilitate the implementation of multi-sectoral coordination

5.14 Enhances private sector engagement in health

Targets

- ✓ Conduct two consultation workshops with private health sector to improve their participation in health sector

Strategic Initiatives and Main Activities

- Re-assess the implementation of policy frameworks and strategies between the government and private sectors to improve their participation.
- Strengthen transparency, accountability and responsiveness in order to create a favorable environment for public and private partnership in the health sector
- Develop strategies to create favorable conditions for private sector to participate in health promotion, diseases prevention, curative treatment, rehabilitation and care services
- Strengthen participation of private sectors in building of competent human resource, in the production, distribution & planning, implementation, monitoring and evaluation of medical equipment and other resources
- Strengthen the accountability system between government and private health sector
- Accelerate specialty medicine services projects that are initiated by coordination of public and private sectors
- Strengthen initiatives that addresses to make Addis Ababa the center of medical tourism

Strengthen Internal Audit Services

Strategic Initiatives and Main Activities

- Conduct risk assessment in participation of FMOH staffs and other relevant stakeholders
- Conduct discussions with management members on importance of performing internal audit and follow up findings that need attention
- Confirm the validity and legitimacy of capital and recurrent budget audit report every quarter;
- Confirm the validity and unliquidated reason for the collective revenue of 3 selected regional health Bureaus 3 FMOH Agencies and 3 hospitals;
- Prepare 21 report on financial utilization of GF/ WB of Minister Office and five regional Health Bureaus of GAVI; WB and SDG finance through legally verifying that program accounts are properly used

- Conduct follow up audit on eight audit reports commented by external main auditors
- Facilitate CIA vocational improvement training to capacitate 6 internal Audit professionals;
- Improve quality and coverage of audit by conduct 2 consultation sessions with FMOH agencies, federal hospitals and with internal auditors from regional health bureaus

Multi-Sectoral activities

In general, the individual, family and community health are determined by the socio-economics of the country, infrastructure and environment. This means the health of the society is not only influenced by the health sector, but also by other sectors, with proper sharing of responsibilities.

Therefore; an integrated effort should be needed to produce better results in the health outputs, outcomes and impacts. Major sectors that significantly contribute to health care are Ministry of Education, Ministry of Agriculture, Water and Energy Minister; Ministry of Transportation and Logistics, Ministry of Finance and others. The following major activities that needs attention to be performed in collaboration with different sectors and stakeholders:

A. Nutrition

- Forecasts nutritional supplies, procurement, storage and distribution system
- Strengthen food and nutrition system through multi- sectoral collaboration
- Strengthen dissemination and use of nutritional information system
- Strengthen integration of nutritional program in catchment-based mentorship program
- Demonstrate community practice display centers to federal sectors and partners;
- Strengthen the information system of Sekota declaration

B. Environmental and Personal Hygiene

- Strengthen coordination to improve behavioral change and communication on hygiene and sanitation considering culture of the community
- Strengthen accessibility of market orientated sanitation system through cost effective and sustainable sanitation product
- Expand strategies to reduce open defecation through collaboration with various sectors and partners;
- Strengthen implementation of menstrual hygiene and eliminate misconceptions;
- Promote, strengthen and expand implementation of baby WaSH
- Implement better activity through strengthening existing organizational platform

C. Communicable and non-communicable diseases control

- Strengthen collaboration on HIV/AIDS, STI, TB and Leprosy awareness creation activities;
- Strengthen coordination to improve provision of anti-HIV drug to a high level and initiate third-line anti-HIV treatments;
- Strengthen HIV prevention, diagnoses, and treatment services being provided in prisons health institutions;
- Strengthen prevention and treatment service of STIs
- Enhances social integrity that underpinned the prevention and control of HIV;
- Fulfill the necessary inputs for diagnosis and treatment of TB and leprosy through collaboration
- Improve community awareness on malaria prevention, control and elimination
- Enhance multi-sectoral collaboration in awareness creation activities to prevent and control Neglected Tropical Diseases,
- Integrate Water, Sanitation and Hygiene Services (WASH) at all level of health structures to prevent and control Neglected Tropical Diseases
- Disseminate messages using different strategies on the risk of Non-communicable diseases to increases community awareness;
- Strengthen physical exercises to reduce risk of non-communicable diseases
- Strengthen multi- sectorial collaboration to prevent and control mental health problem and substance abuse;
- Collaborate with religious institutions, community leaders and schools to create awareness on mental health problems and substance abuse

D. Women and Social Affairs

- Strengthen integration and coordination of forums
- Improve integration of women, children, young people and other social issues
- Strengthen prevention and responses on Gender Based Violence (GBV)
- Improve equity of prevention and response to man-made and natural disaster;
- Strengthen gender related information system and data use culture;
- Work closely with institutions to make health infrastructure more comfortable for people with disabilities;

6. Resources Requirement and Gaps

6.1 Costs for EFY 2015

The cost estimation tool used to prepare EFY 2015 WBHSP was activity based costing (ABC). The overall cost require for fisical year of EFY 2015 is about ETB 165.505 billion, which is lower than the estimated cost for the third year HSTP II cost plan. The financial requirement estimated for the third year of HSTP II was ETB 250.01 billion in the Base scenario. The HSTP II cost was prepared using OneHealth tools; however, this annual plan was prepared using a simple excel tool (ABC). The difference with the base case scenario is about ETB 85.3 billion. The possible reason for the cost discrepancy could be due to the difference in the costing methodology and could also be due to under estimation of cost for planned activities during preparation of EFY 2015 WBHSP. Out of the total estimated budget, around ETB 88.79 billion (54%) is expected to be covered by the government, and ETB 38.55 billion (23.3%) is to be covered by aid. This implies government has shown a bit higher commitment to health programs. The overall financial gap for the fiscal year is about ETB 31.73 (19.3%) billion. An integrated effort will require mobilizing additional financial resources for the health sector to fill the gaps and improve the performance of each program.

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

Table 48. Costing by regions, EFY 2015

S.N	Region	EFY 2014 Budget				Financial Gap
		Required	Expected from			
		EFY2014	Government	Community	NGO	
1	Afar	582,753,487	463,869,477	6525900	50,902,251	61,455,859
2	Amhara	22,643,698,719	17,244,605,914	1076132648	3,249,539,614	1,073,420,543
3	Oromia	31,137,770,902	22,576,878,100	2628581431	3,199,633,544	2,732,677,827
4	Somali	4,788,936,991	1,759,266,206	77299995.52	1,741,113,488	1,211,257,302
5	B/Gumuz	2,629,226,712	664,469,868	21408773	1,710,113,327	233,234,744
6	SNNPR	15,236,048,120	10,863,541,807	1074754786	2,974,668,340	323,083,187
7	Sidam	5,165,862,313	4,320,614,133	111700323	164,284,794	569,263,063
8	SWER	3,425,829,539	2,337,398,329	195390920	543,410,470	349,629,820
9	Gambella	1,749,957,697	268,619,239	3557072	1,381,613,472	96,167,914
10	Harrerri	1,097,408,263	855,986,963	168668500	747,600	72,005,200
11	Dire Dawa	859,772,104	643,611,586	900001	60,080,884	155,179,634
12	Addis Ababa	7,320,845,390	5,986,285,222	4841493	397,030,307	932,688,368
13	Federal	67,866,984,865	20,776,865,935	80597000	23,081,147,689	23,928,374,241
14	Total	164,505,095,103	88,762,012,779	5,450,358,842	38,554,285,781	31,738,437,701

The following table indicated the financial requirement, available and gaps for respective strategic Directions and major program areas.

Table 49. Financial plan by Strategic Directions and Program areas, EFY 2015

S.N	EFY 2015 Budget					Financial Gap
	Strategic Directions/Program areas	Required	Expected from			
		EFY2015	Government	Community	NGO	
	Enhance provision of equitable and quality comprehensive health service	0	0	0	0	0.00
	Maternal Health	8,866,854,206	4,711,292,590	601255871.9	2,485,253,139	1,069,052,604.59
	Neonatal & Child Health	8,599,040,051	3,199,801,497	155622756.5	4,881,321,683	362,294,114.06
	Adolescent Health	1,962,028,867	1,029,355,755	51392489.72	611,055,619	270,225,002.56
	Nutrition	4,888,000,021	2,146,994,097	31560269.71	655,141,756	2,054,303,898.58
	Hygiene and Environmental Health	3,812,977,883	1,498,604,288	20103329	962,619,551	1,331,650,714.99
	HIV/AIDS	7,132,248,567	2,299,271,883.1	43,930,084.1	4,603,176,868.3	185,869,731.18
	TB & Leprosy	3,125,615,540	881,924,802.7	17,143,719.1	1,520,564,271.0	705,982,747.24
	Malaria	3,851,529,100	690,841,455.6	84,903,579.9	2,994,505,793.1	81,278,270.93
	Hepatitis	802,780,680	588,653,107.7	11,919,464.0	137,519,901.8	64,688,205.99
	Neglected Tropical diseases	3,639,273,138	201,104,471.6	7,958,863.0	3,363,682,746.7	66,527,056.31
	Non-communicable diseases	4,567,999,830	1,918,425,873.4	100,535,281.0	1,518,655,405.9	1,030,383,270.20
	Medical Services/Emergency/Quality services	16,127,691,561	3,883,352,284.6	175,188,886.5	2,435,106,120.0	9,634,044,269.59
2	Improve health emergency and disaster risk management	5,098,686,687	805,055,417.3	21,970,896.0	679,864,424.5	3,591,795,949.43
3	Ensure community engagement and ownership	3,367,893,996	1,529,451,839.9	1,062,052,230.0	356,162,837.4	420,227,088.77
4	Improve access to pharmaceuticals and medical devices and their rational and proper use	25,332,040,010	22,693,372,219.2	510,277,600.2	267,861,558.0	1,860,528,632.73
5	Improve regulatory systems	1,916,116,013	1,281,967,202.2	18,986,091.3	369,470,571.5	245,692,148.20
6	Improve human resource development and management	19,095,888,366	17,636,606,593.9	42,773,540.6	302,522,964.7	1,113,985,266.34
7	Enhance informed decision making and innovations	10,488,929,079	5,471,122,077.6	14,808,311.0	1,423,784,508.5	3,579,214,182.04
8	Enhance health financing	6,655,548,237	5,257,906,429.3	696,887,509.0	298,959,349.3	401,794,949.50
9	Strengthen governance and leadership	6,599,453,497	1,931,504,217.6	1,183,058,842.1	1,501,331,355.8	1,983,559,081.68
10	Improve health infrastructure	14,320,693,655	6,655,217,059.6	294,582,368.0	6,600,776,322.0	770,117,905.16
11	Enhance digital health technology	3,210,361,104	1,584,360,339.3	279,947,566.0	512,231,189.4	833,822,009.28
12	Improve traditional medicine	191,397,006	143,583,101.2	2,909,420.8	37,154,448.1	7,750,035.42
13	Enhance health in all policies and strategies	620,441,143	562,346,295.3	2,367,479.0	15,499,497.2	40,227,871.51
14	Enhance private engagement in the sector	231,606,868	159,897,880.9	18,222,394.0	20,063,898.0	33,422,694.92
	Grand Total	164,505,095,103	88,762,012,779	5,450,358,842	38,554,285,781	31,738,437,701

7. Challenges that may encountered and proposed solutions

Anticipated Challenges/Risks

- Lack of continuous and adequate pharmaceutical supply in health facilities
- Occurrences of epidemics related to man-made and natural displacement of societies
- Knowledge and skill gap of new deployed professionals in revised structure
- Turnover and inadequate capacity of leadership and staffs at different level of the health system
- Limited resource and negligence of community on prevention and control of COVID-19 disease
- In adequate finance /budget/ to carry out planned activities

Risk mitigation /Actions

- Ensure continuous pharmaceutical supply in health facilities, integrating with partners and other relevant bodies
- Create capacity to mitigate man-made and natural disaster through early preparedness and response
- Facilitate experience sharing and training to fill the knowledge and skills gaps
- Conduct activities to reduce health professional attrition rate in the health sector
- Conduct discussion with concerned bodies to reduce leadership turnover
- Implement activities integrating with each level health sector bodies, other government and partner organizations to prevent and control epidemics;
- Conduct integrated activities to fill the financial gaps in the health sector

8. Monitoring and Evaluation System

8.1 Conduct Monitoring

- Take corrective measure based on the analyzed evidence through monitoring performance at each level of health system
- Monitor performance and take necessary corrective action by analyzing data in the time;
- Conduct evaluation on the overall plan implementation and identify issues that need attention at Joint Steering Committee meeting
- Ensure good governance by integrating the effort of leaders at each level of health system;
- Make an effort to solve structural problems at national and each level of health system;
- Integrate and incorporate health in all sectors policies and strategies with a view of multi-sectoral approach

8.2 Provide Support

- Provide support to respective program areas to ensure quality services as per the core and comprehensive plan
- Rehabilitate health institutions damaged due to conflict through mobilizing and distributing necessary medical equipment.
- Create learning platforms to improve awareness on working guidelines
- Provide support to regions based on the identified gaps
- Provides quarterly feedback on plan performance
- Conduct integrated supportive supervision and provide feedback

8.3 Conduct performance evaluation

- Conduct an integrates performance evaluation based on the developed evaluation platform.
- Performance evaluation will be done on the detail plan prepares by Directorates, case team and individuals
- Monitor the performance status of planned activities based on the schedule and provide feedback.
- Identify and solve problems encountered in the implementation by evaluating the performances at case team level every week, at directorate level every fifteen days and at the sector level every three months.
- Conduct evaluation and discussion every quarter with all staff on plan implementation status.
- Conduct performance evaluation by the management and submit the report to relevant bodies
- Conduct internal financial audit on selected programs
- Monitor and control implementation of services delivery as per the standard (time and quality).

Table 50: Number of Zones and Woredas in Regions, EFY 2014

S.No	Regions	No of Zones	Special zone	No of Woredas		
				Rural	Urban	Total
1	Afar	6	0	39	5	44
2	Amhara	19	0	164	74	238
3	Oromia	21		320	18	338
4	Somali	11	0	93	6	99
5	B/Gumuz	3	0	21	3	24
6	SNNPR	11	6	113	51	164
7	SWR	6	0	41	16	57
8	Sidama	2	0	31	7	38
9	Gambella	3	0	1	13	14
10	Harrerri	NA	NA	3	6	9
11	Dire Dawa	0	0	3	6	9
12	Addis Ababa	11	0	0	125	125
Total		93		829	330	1159

**Table 51: Number of Health facilities in Regions, EFY 2014**

Health Post			Health Center			Primary Hospitals			General Hospital			Specialized Hospital			
Regions	Functional	Under construction	Total	Functional	Under construction	Total	Functional	Under construction	Total	Functional	Under construction	Total	Functional	Under construction	Total
Tigray	744	0	744	226	3	229	25	4	29	15	0	15	2	0	2
Afar	344	4	348	102	4	106	6	0	6	1	0	1	0	0	0
Amhara	3565	32	3597	885	0	885	67	15	82	15	3	18	8	0	8
Oromia	7126	27	7153	1,414	13	1427	76	15	91	36	0	36	4	0	4
Somali	1709	1	1710	224	21	245	11	3	14	3	0	3	1	0	1
B/Gumz	424	2	426	60	6	66	4	1	5	2	0	2	6	1	7
SNNPR	2707	6	2713	501	3	504	34	10	44	9	1	10	3	0	3
Southwest E	809	3	812	112	16	128	9	3	12	4	0	4	0	0	0
SIDAMA	553	2	555	135	11	146	16	1	17	5	0	5	1	0	1
Gambela	152	0	152	28	4	32	4	0	4	1	0	1	0	0	0
Harari	32	0	32	9	0	9	0	0	0	1	0	1	1	0	1
Dire Dewa	36	0	36	15	0	15	0	0	0	2	0	2	0	1	1
Addis Ababa	0	0	0	102	8	110	0	0	0	6	3	9	7	0	7
Total	18,201	77	18,278	3,813	89	3,902	252	52	304	100	7	107	33	2	35

HEALTH SECTOR TRANSFORMATION II

WOREDA-BASED HEALTH SECTOR ANNUAL PLAN EFY 2015 (2022/2023)

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Equitable and Quality Health Service for All!

