ESSENTIAL HEALTH SERVICES PACKAGE FOR ETHIOPIA

Federal Ministry of Health
August 2005

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Acronyms

ABC	Abstinence, Be Faithful, Condom use
AFS	Acid Fast Staining
AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
APH	Ante Partum Haemorrhage
ARH	Adolescent Reproductive Health
ARM	Annual Review Meetings
ART	Anti Retroviral Treatment
BEOC	Basic Emergency Obstetric Care
CBRHA	Community Based Reproductive Health Agents
CD	Communicable Disease
CEOC	Comprehensive Emergency Obstetric Care
CMR	Child Morality Rate
D&C	Dilatation and Curettage
DH	District Hospital
DHS	Demographic and Health Survey
DOTS	Directly Observed Treatment with Short course Chemotherapy (for TB)
EHSP	Essential Health Services Package
ENA	Essential Nutrition Actions
EPI	Expanded Program of Immunization
ESHE	Essential Services for Health in Ethiopia Project
FBS	Fasting Blood Sugar
FMOH	Federal Ministry of Health
FP	Family Planning
GDP	Gross Domestic Product
GM	Growth Monitoring
HC	Health Centre
HEW	Health Extension Worker
HF	Health Facility
HH	Household
HIV	Human Immunodeficiency Virus

HMIS	Health Management Information System
HP	Health Post
HSDP	Health Sector Development Program
HSEP	Health Service Extension Program
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
ITN	Insecticide Treated Net
IYCF	Infant and Young Child Feeding
JRM	Joint Review Mission
LB	Live Births
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MTR	Mid Term Review
MVA	Manual Vacuum Aspiration
NGO	Non Governmental Organization
NMR	Neonatal Mortality Rate
OPD	Outpatient Department
ORS	Oral Rehydration Solutions
PCP	Pneumocistis Carini Pneumonia
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission of HIV
PNC	Post Natal Care
RF	Relapsing Fever
RH	Reproductive Health
RHB	Regional Health Bureau
RNI	Rate of Natural Increase
SDPRP	Sustainable Development and Poverty Reduction Program
STI	Sexually Transmitted Infections
TT	Tetanus Toxoid
TTBA	Trained Traditional Birth Attendant
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund

USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WHOs	Woreda Health offices

Foreword

The development and provision of equitable and acceptable standard of health services to all segments of the population of Ethiopia has been a major objective of the 1993 National Health Policy. The health sector strategy adopted to implement the policy focuses on giving comprehensive and integrated PHC in health institutions with a major emphasis towards community level services. To deliver on this commitment, there has been a recognition of the need to identify and implement an Essential Health Service Package (EHSP) that defines the core health and health related interventions to address major health problems and disease conditions of the country. These preventive, promotive, curative, and rehabilitative interventions are considered to be the minimum that people can expect to receive through the various health delivery mechanisms and facilities with in their reach.

Developments nationally and globally also make such action timely. Ethiopia is currently committed to address the abject poverty it faces in a comprehensive and rapid manner through the adoption of the Sustainable Development and Poverty Reduction Program (SDPRP) and achieving the Millennium Development Goals (MDGs). Health interventions will play a crucial role in these endeavours.

The contents and recommended modalities of implementation of the EHSP are expected to enhance meeting the needs of the sector, as well as assisting in the achievement of the health targets and commitments at national and global levels. The scope of the EHSP is limited to the provision of essential services at the Health Post, Health Centre and District Hospital levels. Service provision at the Zonal and Specialized Hospitals will be in accordance with the respective standards of the Federal Ministry of Health.

I believe that the development and implementation of the EHSP will promote efficient, effective and equitable access to essential health services by the population, particularly the poor, thereby contributing to poverty reduction and sustainable development. This will also help to enhance the country's efforts in achieving the MDGs targets. I take this opportunity to thank all those who have contributed to the formulation of this important strategy, particularly WHO and USAID/ESHE Project.

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August 2005

Acknowledgements

The Federal Ministry of Health would like to take this opportunity to thank the Essential Health Service Package Task Force members, the different departments within the Federal Ministry of Health, and Regional Health Bureaus for their valuable contributions and successful development of this important document.

We also extend our appreciation to all development partners who provided valuable comments and suggestions for improving the earlier drafts. In particular we extend our appreciation to WHO and USAID/ESHE Project for their valuable technical and financial support in the whole process of the development of this document.

In addition to the technical support through the task force members, program officers and resource persons, WHO Ethiopia has provided financial support to the organization of successive workshops and consultations as well as printing the final version of the document.
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1. Introduction: Country Context.

1.1. Size, Topography and Demography

Ethiopia, located in Eastern Africa, has a land area estimated at 1.1 million square kilometres. It shares borders with Djibouti, Eritrea, Sudan, Kenya and Somalia. It has a federal government structure with nine regional states and two city administrations. The regional states and city administrations are sub divided into 580 administrative Woredas (districts). The Woreda is the basic decentralized administrative unit and has an administrative council composed of elected members. The 580 Woredas are further divided into about 15,000 Kebeles organized under urban dwellers associations in towns and peasant associations in rural areas.

The country is characterized by diversified topography with varied climatic conditions. Its topography ranges from high peaks of 4,550 meters above sea level to a low depression of 110 meters below sea level, with more than 50 % of the country lying above 1,500 meters. This topography has resulted in different climatic zones ranging from the hot lowlands called 'Qolla' found below 1,500 meters above, to the cool highlands called *'Dega'* that lie above 2,400 meters with the mid temperature zones called '*Weyna dega'* coming in between.

Ethiopia's projected population as of July 2004 was 71.1 million, with an estimated rate of natural increase (RNI) of 2.7% per annum and divided into 49.8% females and 50.2% males. More than 85% of the Ethiopian population lives in rural areas and the national average population density is 52.2/km. The age structure of the population has remained pyramidal with the under 15-years population comprising 46%, and only 4% above the age of 65. Women in the reproductive age group constitute 24% of the population. The latest estimate of total fertility shows a rate of 5.9 children per woman but ranges from 1.9 in Addis Ababa City Administration to 6.4 in Oromia Regional State. Life expectancy at birth for 2001 was estimated at 54 (53.4 for males and 55.4 for females), which could be reduced by 4.6 years by 2003 due to the impact of HIV/AIDS. The size of the country and its topographic and demographic characteristics indicate the enormous efforts that would be required to meet even the minimum levels of health service.

1.2. Socioeconomic Context

Ethiopia is one of the poorest developing countries with an annual per capita income of US$ 110. About 47% of the population lives below the poverty line. During the period 1992 - 2002, GDP growth rate averaged 5.82 % per annum before it declined to 1.2% in 2001/2 during the conflict with Eritrea and declined further to a negative 3.8% during the 2002/03 drought. A period of recovery followed, with a growth rate of 11.6% recorded in 2003/04. During the same period inflation generally stood at a low level and was checked below 5%.

The UNDP Human Developments Index for Ethiopia shows an index of 0.309, which falls to 0.297 when adjusted for gender differences, ranked 169 among 175 countries. According to the DHS of 2000, 20.7% (61.3% of urban and 12.8% of rural) households (HH) had a radio, and 1.9% (11.7% urban and none of the rural) had television. The overall school enrolment ratio in 2003 for children aged 7-14 years was 64.4% (74.6% for males and 53.8% for females).

1.3. Health Situation and Status

Ethiopia's population face a high rate of morbidity and mortality and its health status is very poor. Available latest figures (2000) show IMR of 96.8/1000 while the under-five mortality rate is 140.1/1000. Approximately one-third of all under five deaths occur in the first month of life with NMR of 40/1000. These are very high levels, though there has been a gradual decline in these rates during the past 15years. MMR remains at the high level of 871/100,000. Malaria and TB are the leading causes of hospital deaths.

In general, the morbidity pattern remained the same in the past years, except for the emergence of HIV/AIDS and related increase in TB prevalence. The major communicable disease remains malaria, which is always on the top of all visits to health facilities, admissions and deaths. This is followed by helminthiasis, diarrhoeal diseases and respiratory infections, which rank high in terms of outpatient morbidity. While TB falls in the top five causes of admissions, it stood as the second cause of hospital deaths. The adjusted prevalence of HIV in Ethiopia in 2003 is 4.4% and it contributed to 30% of adult deaths in the same year. About 60 to 80% of the health problems of the country are due to infectious and communicable diseases and nutritional problems.

1.4. Health Policy and Governance

The health policy of Ethiopia reflects commitment and general directions towards decentralization and democratisation focus on preventive and promotive components of health care and development of equitable and acceptable standard of health services to reach all segments of the population. The health service delivery is arranged in a four-tier system. The lower level is the Primary Health Care Unit (PHCU) which is a health centre with five satellite Health Posts, followed by the 1st referral level a District Hospital, then a Zonal hospital and specialized referral hospital. The health sector strategy adopted to implement the policy focuses on giving comprehensive and integrated PHC in health institutions with a major emphasis towards community level services. Its emphasis is on preventive and promotive components, yet without neglecting the basic curative care. The main focus is on communicable diseases, common nutritional deficiencies, and environmental health and hygiene. Maternal and child health, control of major infectious diseases, and control of epidemics are indicated to deserve special attention.

Ethiopia adopted a sector wide approach to implement a 20-year sector program and strategy, broken into 5-year rolling programs, beginning in 1997/98. Accordingly, the first HSDP took place from 1997/98 – 2001/02 and the second HSDP, which was designed for a period of three years 2002/03- 2004/05, is near completion. HSDP I and II are designed to address eight major areas or components. These components are health services delivery and quality of care, health facilities construction and rehabilitation, human resources development, strengthening pharmaceutical services, IEC, health care financing, health management and HMIS, as well as monitoring and evaluation.

With a view to taking health services closer to the population, the government introduced an innovative community based approach called the Health Service Extension Program (HSEP) in 2004. The objective of this new program is to increase equitable access to essential preventive and promotive health interventions at the community level including the basic treatment of major causes of childhood deaths. To further ensure increase in the coverage of essential services, the government has also launched a project for an Accelerated Expansion of Primary Health Care Facilities to be implemented over the coming five years with a huge infrastructure and human resource development program.

2. Background on EHSP

2.1. Introduction

The concept of EHSP, sometimes also called the Minimum Health Services Package, refers to a set of cost-effective, affordable and acceptable interventions for addressing conditions, diseases, and associated factors that are responsible for the greater part of the disease burden. It comprises the core health and health related interventions that are promotive, preventive, basic curative, and rehabilitative services that are agreed to be necessary and which people can expect to receive through the various health delivery mechanisms and points.

The development and provision of equitable and acceptable standard of health services to all segments of the population of Ethiopia has been a major policy objective of the government since the issuance of the 1993 health policy. This policy commitment has been translated into a strategic program through the launching of HSDP, although the objective is far from being met due to many reasons. It was partly to achieve the objectives of HSDP that successive review missions, (Joint Review Mission II, Mid Term Review and the final evaluation of the HSDP I) recommended the design and implementation of an EHSP.

Nevertheless, some aspects of the essential package were already defined for services like EPI, AIDS prevention, IMCI, safe motherhood, TB and leprosy and STI syndromic treatment. But the need to prepare a set of package including these and addressing the other serious health problems of the country was repeatedly indicated to be crucial.

Accordingly, decisions were made to define an EHSP and work started with the establishment of a task force. The task force organized a workshop involving regions and sample health facilities to prepare an initial draft document. This was later presented and refined at a finalization workshop involving experts from the FMOH, WHO and USAID/ESHE, and shared with program officers at the FMOH and WHO for further inputs and comments before being finalized.

This document presents an EHSP for Ethiopia which identifies the core health and health related preventive, basic curative, promotive and rehabilitative interventions to address major health

problems and disease conditions of the country. These interventions are considered to be essential and what people can expect to receive through various health delivery mechanisms and points with in their reach, which for practical purposes is within a district.

The EHSP is developed with the active participation of the Regional Health Bureaus (RHBs). However, considering the diversity of the country and likely variations in the distribution and priority levels of health problems, it is believed that this EHSP could serve as the core package, to which regions could make amendments and adjustments to fit differing local requirements and needs.

2.2. Rationale

The lack of an EHSP, which would have guided output planning, was documented to have obscured the overall focus and directions of the health sector by shifting attention towards inputs and particularly to expansion of facilities. Defining an EHSP helps to focus on the outputs that the system should produce and the minimum services that people can expect to get from the public sector.

Equitable access to essential services is difficult to ensure where there are problems of geographical access and income differences between individuals and regions. One or more of the components of an essential service package could be lacking in the remote facilities labelled to fall at the same level of referral. The definition of EHSP addresses the issue of equity by indicating the minimum package that should be available to all of the population within an acceptable reach.

The practice of calculation of potential health services coverage based on a given number of population per health facility was also considered misleading. This is because the health facilities labelled to fall at a similar standard were found to have variations in the package of services they deliver while the calculation did not take this into consideration. Assessment of coverage based on the accessibility and availability of the essential package gives a better indicator of coverage and equity than would be the case when determined based only on the availability of infrastructure.

There is a mismatch between resources and the demand for health services and there is a need to prioritise services. EHSP is a means of prioritizing services. In general the definition of an EHSP enhances focus on priorities, cost-effectiveness and efficient use of resources. It also fosters integrated health service delivery, by calling attention to a package rather than to individual programs. In this way the package can also be used as a basis for the development of district plans of actions that respond to local priorities.

2.3. Guiding Principles

The EHSP is developed taking into consideration certain values and principles. These are:

- **Cost effectiveness** through selection of priority cost-effective interventions
- **Affordability** in terms of the country capacity to provide the services
- **Equity** to ensure equal access and utilization of health care according to needs
- **Necessity** which implies inclusion of services that when missed will have a disastrous and intolerable outcome as in the case of exposure to rabies
- **Capacity** in terms of human resources and organization
- **Accessibility** ensuring physical and financial accessibility of essential services

2.4. Goal and Objectives

Goal

The goal of delivering an EHSP is to contribute to poverty reduction and sustainable development by promoting efficient, effective and equitable access to essential health services of the population, particularly the poor. This will also contribute to enhancing the country's advance towards meeting the MDGs targets.

General objective

The general objective of defining and delivering an EHSP is to reduce the morbidity, mortality and disability resulting from the major health and health related problems affecting most of the population of Ethiopia.

Specific objectives

The specific objectives of defining and delivering an EHSP are:

- To enhance the effectiveness of the health sector program. The development of an EHSP will help improve effectiveness of the health sector program and its management by increasing attention towards health service output.
- To promote standardization of essential services. The EHSP enhances availability and delivery of equitable services for each district by defining the minimum standard for each level of care. The access to this package by pastoralists and scattered communities will also be specifically handled. These help ensure equitable access to essential health services.
- To promote output / result oriented health service delivery.
- To serve as a management tool. The EHSP will serve as basis for planning and management of health services, to guide resource allocation by the districts as well as for monitoring and evaluation of the performance of the health facilities.

3. Components of EHSP for Ethiopia

The major components of the EHSP for Ethiopia are classified building on the recently introduced Health Service Extension Program (HSEP). The HSEP is an essential Health services package for a community level. A category containing basic curative care and treatment of major chronic conditions is introduced starting from the HC level. Thus, the EHSP is organized into the following five components;

1 Family Health Services
2 Communicable Disease Prevention and Control Services
3 Hygiene and Environmental Health Services
4 Health Education and Communication Services
5 Basic Curative Care and Treatment of Major Chronic Conditions

Interventions chosen to address the major causes of death and disease are detailed for key health services sub components falling under each major component. The interventions are to be provided by a range of providers within a district health system that comprise a Health Post (HP), Health Centre (HC), and District Hospital (DH).

3.1. Family Health Services

Essential family health services make the major component of the national EHSP. It include maternal and new born care services including antenatal care (ANC), delivery and new born care services, and postnatal care (PNC); child health services including integrated management of childhood illnesses (IMCI), growth monitoring and promotion and immunization; family planning (FP); adolescent reproductive health services (ARH) and promotion of essential nutrition action (ENA).

3.1.1. Maternal and New Born Care

Antenatal Care

At the Health Post level the Health Extension Workers (HEWs) will provide antenatal care services to their catchment population. ANC services at this level involve assessment and regular follow up of pregnant women and referral of high-risk pregnancy for further care and early intervention. Furthermore, adequate information on hygiene, balanced diet and exclusive breast-feeding, essential care during pregnancy, childbirth, family planning and harmful traditional practices will be provided. Pregnant women will also be given TT immunization at this level. Also promotion and distribution of Insecticide Treated Nets (ITN) will be done for pregnant women and their future newborns. The HP treats conditions such as malaria and hookworm in pregnancy, and administers supplementary iron and folate supplies using the national guidelines.

At the Health Centre level all of the services provided at the HP level as well as management of all referred cases from health posts will be handled. The HC gives ANC services capable of early detection and management of complications including pre-eclampsia, eclampsia, bleeding, abortion and anaemia. Also it screens for syphilis and subsequently gives appropriate treatment. In relation to the ANC services, the HC also gives services of Prevention of Mother to Child Transmission of HIV (PMTCT) following the national guideline. Diagnosis and referral of cases of Ante Partum Haemorrhage (APH) including arrangements for transportation will be done at the health centre level.

The District Hospital provides ANC to its catchment population manages all of the cases referred from HC and gives skilled intervention to high-risk mothers, including in-patient and maternity waiting area services.

All HPs, HCs and DHs will counsel mothers on varied and increased food intake during pregnancy and optimal breast-feeding practices. Also counselling will be done on appropriate infant feeding options in the context of PMTCT for mothers testing HIV positive at all levels.

Delivery and Newborn Care

Clean and safe (atraumatic) delivery will be performed at the community level both at home and at Health Posts. The newborn immediately after the delivery will be put on the breast of the mother and the mother assisted in breast-feeding of the newborn. The HEW identifies newborn babies with danger signs, starts basic resuscitation and refers immediately. Preventive measures against hypothermia and infections including ophthalmia neonatorum, and cord infection will be undertaken. Birth weight will be recorded and newborns with complications will be referred. The HEW identifies and makes timely referral of complications in labour and delivery and facilitates timely transfer to HC.

At the HC the above services and referred cases will be managed 24 hours daily. The HC gives basic emergency obstetric care (BEOC) including parenteral antibiotics and parenteral oxytocic drugs. It also initiates treatment of pre-eclampsia and eclampsia, makes manual removal of placenta and retained products, performs episiotomy, instrumental delivery, manages haemorrhage, complicated and obstructed labour, and complications in the neonate. The HC will refer and transport difficult cases and such emergency cases to the DH, and arranges for transportation of emergency cases.

The DH manages cases referred from HC and provides comprehensive emergency obstetric care (CEOC) including blood transfusion services and surgical interventions. Moreover it performs destructive delivery and manages all forms of retained placenta and other complications including hysterectomy.

In a district where there is no DH, at least one Health Centre will be upgraded, equipped and staffed to deliver CEOC.

Post Natal Care

At the HP level the HEWs checks for signs of bleeding and infection in both the mother and child and for incontinence in the mother and refers to the HC. Information and education on FP, immunization, optimal breast-feeding, complementary feeding and hygiene will be given. High dose of vitamin A supplement will be given to all mothers before their newborn is eight weeks

old. When there is a need for iron and vitamin supplement it will be given to the mother at this level.

The HC identifies and treats infections such as breast abscess and other complications including puerperal sepsis, incontinence, and puerperal psychosis. The HC facilitates immediate referral of severe cases to the DH.

The DH manages all cases referred to it from the HC and treats all forms of infection and complications deserving admission.

All the three levels will promote ENA, including counselling of the mother on increased and varied food intake during breast-feeding and the need to begin complementary feeding of the newborn at six months of age.

3.1.2. Child Health Services

Immunization

The HP identifies and registers the eligible under one population for immunization, and gives vaccines according to national policy and guideline. Also the HP makes surveillance of the vaccine preventable diseases. Furthermore, it conducts adequate advocacy and mobilization for the expansion of immunization services, conducts defaulter tracing and maintains the cold chain system. Also the HP advises mothers on optimal breastfeeding practices; checks for signs of Vitamin A deficiency and advises on complementary feeding at immunization sessions.

The HC performs screening of targets for immunization and provides immunization+ services which involve supply of Vitamin A, in its catchment area.

The HC and DH give BCG and Polio 0 at birth to all newborns; refer them back to nearby HP or HC for next doses. Also they give static immunization services to targets in their catchment area and those coming for other services.

Integrated Management of Childhood Illnesses

The HEW treats children with diarrhoea with some dehydration using ORS, and children with malaria with oral drugs, based on the national guidelines. Simple eye and skin infections and common intestinal helminthic infestations are treated clinically at the HP with broad-spectrum drugs. The HP identifies children with severe pneumonia, severe malaria, high fever, diarrhoea with severe dehydration, convulsion and stiff neck and facilitates their immediate referral to a HC.

The health centre treats children with minor to severe dehydration, pneumonia, malnutrition, anaemia, meningitis, malaria, measles complications, ear and throat infections, and febrile illnesses using IMCI algorithm. The HC also treats intestinal helminthic infestations based on laboratory tests. The HC treats newborn babies with local infection and sepsis without severe manifestations.

The DH manages all cases referred from the HC using IMCI algorithm supported with essential diagnostic facilities and renders blood transfusion services. The DH manages premature and /or low birth weight babies.

All levels will advice mothers on frequent breastfeeding of the child during and after illness. In the same way advice will be given against harmful traditional practices (HTP) such as milk tooth extraction and female circumcision.

Growth Monitoring and Promotion

The HP implements growth monitoring of all children using standard protocol. It assesses feeding practices and gives advice on appropriate feeding practices. The HEWs identifies and advises on appropriate feeding practices using locally available food items. The HEWs also identify locally available foods necessary for healthy growth and development and prevention of diseases; identifies traditional taboos and practices related to nutrition. Based on the findings, they will educate and make demonstrations using locally available items.

HC as well as DH provide growth monitoring services to children based on national guidelines.

3.1.3. Nutrition

Nutrition services include management of moderate and severe malnutrition, ENA, enhancing universal salt iodization in the country and quality assurance, periodic supplementation of micronutrients (mainly Vitamin A to children and postnatal mothers). The major components of ENA promotion include optimal breastfeeding practices; promotion of optimal complementary feeding practices, feeding of sick children, women's nutrition, control of anaemia (especially maternal), and control of Vitamin A and iodine deficiencies. These services will be delivered integrated with maternal health programs.

At the community level, the HEWs and other community-based development workers will promote ENA, do rapid test for iodine presence in household edible salt, assess and monitor child feeding practices, promote appropriate complementary feeding practices, and provide Vitamin A supplementation to children and mothers according to the national guideline.

At the HC level, the services will include promotion of ENA components by integrating them with existing MCH services, Vitamin A supplementation to children and to mothers according to national guidelines. Quality assurance of household salt for iodine content through the use of test kits will be conducted at outreach services. Moreover, the HC manages moderate to severe malnutrition.

At the DH level, promotion of ENA components through integration with MCH services, management of severe acute malnutrition on referral from the HC will be delivered. Moreover, Vitamin A supplementation through EPI plus and other MCH contacts will be rendered. The DH will fulfil the requirement for and will undertake the Baby Friendly Hospital Initiative (BFHI).

3.1.4. Family Planning Services

The HP gives information, education and counselling on family planning at the household and community levels. The health worker at this level gives condom, mini pills, combined pills and injectable and refers clients to HC for provider-based FP services. It also gives basic information

and guidance to families and individuals on FP. The HEWs supervises and works in collaboration with Community Based Reproductive Health Agents (CBRHA) where they exist.

The Health Centre provides comprehensive FP services. It also gives post abortion care including Manual Vacuum Aspiration (MVA).

The DH, besides providing comprehensive care and services, will manage abnormal menstruation including Dilatation and Curettage (D&C) and provides tubal ligation services. Health workers at all levels promote lactational amenorrhea and Standard Days Method as a modern natural, contraceptives method.

3.1.5. Adolescent Reproductive Health Services

At the community level the health worker identifies adolescents with problems like STI, unwanted pregnancy, abortion, narcotic and psychotropic substance abuse problems and gives education, counselling and support. The HEWs also gives education and advice on sexuality related health problems including promotion of Abstinence, Being faithful and Condom use (ABC) for HIV/STI prevention and discouragement of HTP and collaborates with other stakeholders on these matters.

The HC provides screening and counselling of STI/HIV/AIDS and handles treatment of STI and opportunistic infections (see section 4.2.3). The HC manages abortion and abortion related complications including MVA, provision of antibiotics and counselling. The HC also provides youth-friendly family planning services.

The DH manages all referred and complicated cases of abortion, STI and HIV/AIDS.

3.2. Communicable Disease Prevention and Control Services.

Essential health services aimed at prevention and control of communicable diseases focus primarily on malaria, tuberculosis, leprosy, STI/HIV/AIDS and epidemic diseases.

Malaria

The package includes IEC, indoor residual spraying, environmental control measures, and distribution of ITNs, case management as well as detection and management of epidemics.
At the community level the HP will give IEC on malaria prevention and control, mobilize and facilitate indoor residual spraying, organize and mobilize communities on source reduction and environmental control measures. The HP also promotes and distributes ITNs. The HP treats malaria cases based on Rapid Diagnostic Test (RDT). The HP monitors daily and weekly malaria case data using the monitoring chart, detects and reports epidemics, and facilitates control.

At HC level the essential package includes microscopic diagnosis of malaria, management of severe and complicated cases of malaria including those referred from HP. The HC performs surveillance and rapid confirmation of epidemic occurrence and responds accordingly. The HC manages patients deserving short-term inpatient care. Also the HC refers and facilitates transportation to the DH of severe and complicated cases in particular such as pregnant mothers and children with severe forms of malaria, severe anaemia and jaundice.

At the DH treatment of all forms of complicated cases of malaria with all the required diagnostic procedures, nursing care and support will be given including cases referred from HC.

Tuberculosis and Leprosy

The EHSP on TB and leprosy will involve passive case detection and diagnosis with clinical examination and Acid Fast Staining (AFS) test, free treatment, IEC, detection and management of complications and reactions of TB and leprosy and minimizing disability and its effect in leprosy patients.

At the HP activities related to TB and leprosy control include awareness creation through effective IEC, follow up and free treatment of patients diagnosed at HC, follow up of patients for reaction, as well as identification and referral of leprosy cases to health centres.

At HC level clinical diagnosis supported by AFS and free drug treatment and follow up will be carried out for both TB and leprosy cases. Through regular follow up and by linking to the HP,

the HC will monitor and manage complications and reactions timely. Follow up treatment will be referred to Community HP supported by established mechanism of information and patient flow systems.

At DHs diagnosis of tuberculosis with AFS supported by X-ray investigation, inpatient treatment of complicated tuberculosis will be done. Confirmatory laboratory diagnosis for leprosy patients to whom diagnosis is doubtful and management of leprosy patients who develop reactions will be done at this level.

HIV/AIDS & STI

The EHSP on HIV/AIDS includes IEC to promote ABC, VCT, PMTCT treatment of opportunistic infections, ART and support on home based care. At all levels infection prevention guidelines will be implemented.

At Health Post level, IEC on transmission and prevention of HIV/AIDS and STI, support and guidance to families on home based care, as well as condom promotion and distribution will be carried out.

At HC level in addition to the above, treatment of STI, VCT services and PMTCT of HIV will be done. Also at this level treatment will be given for common opportunistic infections such as TB, Toxoplasmosis, PCP and candidiasis in diagnosed HIV/AIDS patients. The HC provides education on ART, HIV care, and chronic case management. Also it identifies patients eligible for ART and makes follow up of ART patients with no complications. Also HCs located in areas where there are no hospitals will provide 1st line ART.

At DHs AIDS case diagnosis based on the standard definition and serological test, ARV treatment, monitoring ARV treatment, and treatment of all opportunistic infections, VCT and PMTCT will be done.

Epidemic Diseases

Integrated Disease Surveillance and Response (IDSR) will be implemented at all levels, the next higher level supporting the lower levels in investigation and response. There will be emergency preparedness and immediate interventions for common epidemic diseases. Although any epidemic occurrence will be addressed as emergency, major focus in terms of preparedness will be required regarding malaria, meningitis, relapsing fever, typhus, cholera, dysentery and anthrax. The interventions involve IEC, case treatment and prophylaxis.

Providing IEC on suspected problems, continuous surveillance, organizing different campaigns, will be done by HEWs. In all cases of epidemics the HP reports to the HC and the WHO immediately who in turn will organize appropriate interventions according to the IDSR guidelines.

The health centre is charged with the responsibility to investigate, confirm and manage all cases of epidemics of malaria, relapsing fever, meningitis, diarrhoeal diseases, and anthrax and to organize post epidemic surveillance. All subjects affected by epidemics will be treated immediately and for free, while immunization and chemoprophylaxis will be organized when necessary.

DHs will support the HC by confirmatory investigation including serology, and bacteriology test and will give treatment including inpatient care for all forms of epidemics.

Rabies

Due to the widespread prevalence of stray dogs, frequent occurrence of dog bite and exposure to rabid animals, as well as the fatal outcome of the disease, the EHSP will cover the issue of rabies as priority. The package includes vaccination of exposed subjects, isolation and treatment of cases and control of rabid animals in collaboration with the rural development and agriculture sector.

The HP gives education to the community, monitors the occurrence of rabies in animals, and facilitates control of rabid animals in collaboration with agricultural sector during epidemics.

The HC provides full course of anti rabies vaccination. The DH gives inpatient isolated care to clinical rabies cases.

3.3. Hygiene and Environmental Health Services

Due to the strong relationship of the major health problems with hygiene and sanitation, the EHSP will cover most of the services in this area**.** The package covers control of insects, rodents and other stinging animals, ensuring water safety and availability, proper housing, food sanitation and waste disposal including proper latrines.

Control of Insects, Rodents and Stinging Animals

At the HP, HEWs perform community awareness and sensitization tasks, demonstration of do-able actions to control insects, rodents and stringing animals, as well as demonstrations on hygiene and sanitation. HEWs also provide school health education to ensure environmental sanitation of the school campus and environment.

Health centres provide school health education, prison health services and delousing when RF and typhus epidemics are suspected. They guide and give technical support and make demonstration on insecticide handling and usage to the HEWs.

DHs undertake passive disease surveillance for diseases related to insects and rodents and notify HCs in the catchment area, and gives technical support to HCs.

Water Supply and Safety Measures

The EHSP in relation to water includes ensuring the availability and safety of domestic water supply. HPs create community awareness and sensitization on safety of water supply and identify water sources for communities, assesses source of contamination, makes physical assessment of water sources and take the necessary corrective measures. Also the HP

demonstrates water source protection and safety measures. HPs are also responsible for education and demonstration of proper water handling at household level, inspection of water sources and storage including those of public water distribution sources.

The health centre provides water quality control by collecting samples from sources and sending to national or regional laboratories periodically and when a source is suspect.

Building and Maintaining Healthy House

HP carries out IEC on proper housing including adequate ventilation and demonstrates house partitioning for various purposes.

Solid and Liquid Waste Management

In the case of solid waste, the HP undertakes site selection, organizes and coordinates sanitation campaigns. Demonstration (such as separation of biodegradable and non degradable solid wastes and refuse disposal by composting methods, garbage for animal feed, and safe excreta disposal methods including appropriate latrines) and inspection of household practices is done by HEWs.

With liquid waste, HP undertakes site selection and demonstrates appropriate draining practices. The HP conducts community awareness and sensitization tasks, guides and supports the site selection of latrine construction (taking into consideration distance, wind direction, etc) for households and institutions. The HP gives proper IEC on regular cleaning and proper hygienic practices at households and schools.

Both the HC and DH notify their next lower levels regarding the occurrence of epidemics related to waste disposal.

Food Hygiene and Safety Measures

The HP gives key information **e**ducation and communication as well as demonstrations on hand washing, food storage, preservation, clean use of utensils, methods of food preservation, and identification of spoiled food.

The HC collects food samples during and when suspecting food borne outbreaks sends for investigation and takes remedial actions according to the result. It also facilitates and follows up scheduled medical and physical examination and certification of food handlers working in food and drinking establishments for food and water related infections and provides technical support to HP. The HC also conducts disease surveillance and inspection of food and drinking establishments. Based on the results the HC gives feedback and technical support.

Personal Hygiene

Health Posts and HCs inspect and screen students in their catchment area for contagious eye and skin diseases, and manage accordingly, sensitize and educate communities concerning personal hygiene. During epidemics HEWs make house-to-house visits and gives IEC on personal hygiene, and carries out disinfection. Both the HC and DH participate in mass education and epidemic control, surveillance and feedback.

3.4. Basic Curative Care and Treatment of Major Chronic Conditions

The primary focus of the EHSP will be to address the root causes of priority health and health related problems, and on the most cost-effective interventions with sustainable impact to individual and community health. Thus preventive and promotive care will be given maximum attention and the major share of resources will be used for this. However, partly because of the preventive role of curative care, due to the serious outcome of some medical problems, the EHSP will also include selected problems with cost effective medical treatment and curative services. This component includes first aid on common injuries and emergency conditions and treatment of common chronic conditions.

3.4.1. First Aid for Common Injuries and Emergency Conditions

At HPs first aid and public education on common emergencies will be given. The HP identifies and refers cases of foreign body in eye, ear and nose, and epilepsy patients. It treats acute diarrhoea with ORS, and gives anti pain for cases with severe pain. The HP arrest bleeding, stabilize fractures with splint and refers further.

HCs arrest all forms of bleeding, rehydrate all forms of dehydration, remove foreign bodies in the eye, nose and ear, and treat cases of epilepsy. HCs splint fractures, give antibiotic treatment for open fractures and refer further.
The HC gives antihistamine and follow up for hypersensitivity reactions of victims of snake and insect bite. Also the HC identifies, resuscitates and refers all forms of acute abdomen including maintaining IV line with IV fluids and antibiotics, refers and transports all emergencies to DH

The DH makes specific diagnosis of fracture with X- ray support and immobilizes all cases including with POP. It also makes surgical intervention, and gives blood transfusion.

3.4.2.Treatment of Major Chronic Conditions and Mental Disorders

Apart from the treatment of common infections the EHSP addresses non-communicable and chronic conditions such as diabetes, hypertension and major cardiovascular problems, asthma and related allergic conditions, mental health and dental problems.

The HP provides IEC on manifestation and intervention of Diabetes Mellitus, Hypertension, identifies and refers cases of Hypertension and suspected cases of Diabetes. The HP gives school health services which among others will involve education on major chronic diseases, identification and encouragement of school children with such problems (DM, Asthma, TB, Epilepsy, visual and hearing impairment) to seek timely help. The HP will make early recognition of mental health problems and follow up cases during and after treatment.

The HC diagnose and follows up diabetes and gives drug refills in the follow up clinic, treats hypertension, epilepsy, and asthma. The HC gives treatment to common psychiatric disorders and Epilepsy patients.

Initial diagnosis and initiation of treatment of diabetes will be done at DH level. Also further diagnosis and treatment of complicated cases of chronic illnesses will be done at this level. The DH treats all forms of mental heath problems including in-patient care and follow up at outpatient department.

3.4.3.Treatment of Common Infections and Complications

The EHSP covers treatment of common infections including respiratory tract infections, genitourinary tract problems, diarrhoea, intestinal parasites, common eye infections and oral/dental health problems. It also includes IEC, and case treatment of eye problems including minor surgical interventions.

The HP treats diarrhoea with some dehydration using ORS, and treats intestinal parasites, malaria, and common skin and eye infections. The HP also gives IEC on oral hygiene at schools and to the community, IEC on the transmission and prevention of eye infection, and provides eye ointment for acute cases.

At the HC level the essential health service package will also include laboratory diagnosis and treatment of genitourinary diseases, treatment of respiratory tract infections including pneumonia and bronchitis with antibiotics. Clinical diagnosis, and medical treatment of trachoma, and all forms of conjunctivitis will be done at HC level. Provision of antibiotic to acute gingival and periodontal infections; and dental extraction for acute cases will be performed at HC level.

Management of complications including surgical intervention for eye problems and inpatient care and treatment of respiratory tract infections, and genitourinary problems will be done at DH level. The DH manages all forms of dental problems including extraction and medical treatment.

3.5. Health Education and Communication Services

Information, education and communication activities, a key component of EHSP, will be delivered at all levels integrated with all other components of EHSP. The focus of the component and the issues to be addressed will be those indicated in the various sections of the EHSP.

At the HP level HEWs undertake community mobilization (through key people, community based organizations, schools, different clubs, etc.). They will give counselling service; conduct awareness creation and sensitization activities (through distribution of IEC materials developed

at local or higher level). In general HEWs gives all the key health and health related information to individuals and groups.

Health centres provide counselling service; give IEC at health facility and institutions such as schools and prisons.

The DH engages in counselling to individuals and families served by different programs and groups attending various programs.

A summary of the interventions to be provided at different service delivery levels is shown in Tables 1-3 below. Further detailed interventions by components and service delivery levels are shown in Annex 1.

Table 1. Summary of Community Level EHSP

Category of Services	Interventions and activities related to the category of services (and examples)
Family Health Services	▪ Basic ANC, including treatment of anaemia, malaria, and hook worm in pregnancy ▪ Immunization of mothers and children ▪ Clean & safe home and institutional delivery ▪ PNC with counselling on ENA, FP and treatment of anaemia ▪ Promotion of ENA, growth monitoring, Vit. A and iron complementation, and demonstration ▪ FP information and services (condom, oral and injectable contraceptives) ▪ ARH services (counselling on sexuality, HIV/AIDS and HTP, provision of condom) ▪ Assesses and classifies common child hood illnesses using the IMCI guideline and provides treatment of malaria, diarrhoea, and promotes appropriate feeding practices.
Communicable Disease Control Services	▪ Surveillance and epidemic control activities ▪ Malaria prevention and control (drainage of breeding sites, indoor residual spraying, case detection and management, ITN distribution) ▪ TB & leprosy continuation Rx, defaulter tracing, follow up for reactions & complications ▪ HIV/AIDS and STI related support and guidance on home based care, information and encouragement on VCT, promotion of ABC ▪ Prevention and control of rabies in collaboration with agriculture sector
Hygiene and Environmental Sanitation	• School health services, sanitation and screening • Water source protection, purification, management & prevention of contamination • Promotion of healthy housing ▪ Promotion of sanitation including sanitation campaigns, solid waste, disposal, & drainage ▪ Promotion of personal and food hygiene
Basic Curative Care & Rx of Major Chronic Conditions	▪ Treatment of diarrhoea, malaria, and intestinal parasites ▪ Treatment of eye and skin infections with ointments ▪ Treatment of emergency conditions (diarrhoea with ORS, fractures with splint, & anti pain for cases of severe pain) ▪ School health service (education, screening for major chronic diseases and ailments)
Health education and Communication	▪ IEC on major health problems at home, community meetings and at schools coupled with provision of related services, skills development & demonstration on practices ▪ Community mobilization sensitization and organization targeting key practices required to prevent and control major health problems ▪ IEC on balanced diet, HTP, breastfeeding, FP, care and activities during pregnancy ▪ Public education on common emergency conditions, & chronic diseases ▪ IEC & demonstration of small do-able environmental health actions

Table 2. Summary of EHSP at Health Centre Level

Category of Services	Interventions and activities related to the category of services (and examples)
Family Health Services	▪ ANC to normal & referred high risk mothers, including PMTCT services ▪ Treatment of complications in pregnancy (pre/eclampsia, abortion, & malaria) ▪ BEOC, management of complications (PPH, local infection and neonatal sepsis) ▪ Diagnosis, referral & transportation of emergencies like APH, complicated labour ▪ CEOC in one upgraded HC where there is no DH in the district ▪ PNC including treatment of breast abscess, puerperal sepsis ▪ Management of common childhood illnesses using IMCI algorithm ▪ FP services including long term contraceptives & post abortion care including MVA ▪ Treatment of moderate and severe malnutrition (supplementary & therapeutic feeding) ▪ Immunization services at HC and outreach
Communicable Disease Control Services	▪ VCT services, on STI/HIV/AIDS, treatment of STI and opportunistic infections ▪ Diagnosis and treatment of TB and leprosy, training, & advice of leprosy patients ▪ ART of diagnosed AIDS patients ▪ Epidemic control with free treatment of cases immunization and chemoprophylaxis ▪ Provision of full course of anti rabies vaccination
Hygiene and Environmental Sanitation	▪ School & prison health service, delousing, and control of rodents and insects ▪ Quality control of water supply, and promotion hygiene and environmental sanitation. ▪ Testing (at public health lab) of food samples during related outbreaks & remedial actions ▪ Regular medical and laboratory examination, & check up of food handlers ▪ Inspection, screening and treatment of students for contagious eye and skin diseases
Essential Curative Care & Treatment of Major Chronic Conditions	▪ Screening and management of school children for major chronic problems and disabilities ▪ Rx of all forms of infections, intestinal helminths, anaemia, and measles complications ▪ Diagnosis & medical Rx of trachoma, other eye infections, & allergic conjunctivitis ▪ Tooth extraction and antibiotic treatment to acute gingival and periodontal infections ▪ Resuscitation referral and transportation of medical and surgical emergencies ▪ Removal of foreign body in the eye, nose &ear ▪ Treatment and follow up of epilepsy, DM, uncomplicated hypertension, & asthma)
Health Education & Communication	▪ Individual counselling and Provision of group and individual IEC, and material development

Table 3. Summary of EHSP at District Hospital Level

Category of Services	Interventions and activities related to the category of services (and examples)
Family Health Services	▪ PNC including intervention of high risk mothers at maternity waiting area ▪ CEOC, delivery including destructive delivery, removal of retained placenta ▪ Treatment of complications in newborns (premature, hypothermia, birth injury etc) ▪ Management of common childhood illnesses using IMCI algorithm. ▪ FP including long-term and permanent forms ▪ Treatment of all forms of puerperal problems (infections, psychosis, fistula etc) ▪ Treatment of abnormal menstruation including D&C ▪ Blood transfusion services ▪ In patient treatment of all forms of malnutrition ▪ Immunization services
Communicable Disease Control Services	• Diagnosis and treatment of TB and leprosy at OPD and inpatient ▪ Diagnosis and treatment of STI, AIDS (with ARV, treatment of all opportunistic infections), VCT, and PMTCT • Confirmatory investigations on epidemics and treatment of cases • Inpatient isolated care to clinical rabies cases, and provision of anti-rabies vaccine
Hygiene and Environmental Sanitation	▪ Feedback to HC and HP based on disease surveillance ▪ Inspection of food and drinking establishments
Essential Curative Care & Treatment of Major Chronic Conditions	▪ OPD and inpatient treatment of all forms of infections ▪ Treatment of complicated eye infections including surgical intervention ▪ Dental extraction & management of all forms of dental and periodontal infections ▪ Management of fractures (immobilization/POP) ▪ Surgical treatment of acute abdomen and injury & blood transfusion services ▪ Remove all foreign body in the eye, ear and nose ▪ Treatment of complicated cases of bronchial asthma with oxygen support ▪ Management of all forms of respiratory infections at OPD and inpatient ▪ Diagnosis, initiation of treatment & follow up of DM. ▪ OPD and in-patient management of hypertension including complicated ones
Health Education & Communication	▪ Counselling and IEC activities to individual patients, clients and groups

A graphic representation of the delivery of EHSP at the different levels is depicted in the Figure 1 below. As indicated in this figure, the major volume of the EHSP will be, at the community (HP) level and the next major proportion at the health centre. Curative care is given primarily at the health centre and DH levels. One or more of the contents of the major areas will be given at the three levels of the system. The bars vertically indicate the referral system across the three levels. For each category the bar has a pyramid shape to reflect that most of the cases will get treated at the lower level of the system while less and less cases will be referred to higher levels. The horizontal sum (i.e. sum of the five major categories of services) provides the essential health service package provided at each level of the health delivery system.

Figure 1 Framework for EHSP by Service Category and Health Facility Level.

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4. Strategic Approaches

The EHSP defined above requires appropriate strategies and approaches to ensure its effective delivery at the three service delivery levels. These include such areas as community and private sector participation, strengthening the roles of other providers, overall health systems strengthening and ensuring required support. This section addresses some of these issues considered to be essential for the successful delivery of EHSP.

Enhancing community participation and involvement: effective implementation of the EHSP requires the active participation and engagement of the community. Community involvement can take different forms that include individual or community members taking greater responsibility for their health, involvement at different stages of decision-making on such issues as identifying priorities, mobilisation, allocation and management of resources, and monitoring and evaluation.

Utilization of community based health agents: the public health system will deliver the EHSP through the three levels namely HP, HC, and DH within a district. The community health agents will be used to reach all households and to accelerate the implementation of the HSEP. The health extension workers will coordinate, supervise and mentor the various community health agents in the promotive and preventive services. In particular, the involvement of community health agents including, trained traditional birth attendants (TTBA), community based reproductive health agents (CBRHA), community health promoters (CHP), and other voluntary community health agents will accelerate the implementation of the HSEP.

Increased participation from the NGO and private sector: considering the limited coverage of EHSP, and the possibility that demands for services outside of the package will arise, the private sector and NGOs are expected to play a prominent role to fill the gap. The private sector will particularly be encouraged to provide such services in addition to the components of EHSP. Also public private partnership in health services delivery will be encouraged.

Strengthening the referral system: to ensure that essential health services are available within the reach of the population as well as to promote efficient resource use, health service provision will be strengthened at lower level delivery points. Yet the referral system will need to be strengthened so that patients and clients with relatively rare but serious needs will get served at

the DH level. This linkage shall also enhance support and feedback to the lower level of the system to improve the performance of the overall system. The HC and DHs will have to adopt a new role in response to the needs of the health posts. This will include continuing guidance and supervision.

Transportation of patients to referral services has to be properly organized making the most of available facilities. In the referral process a two-way flow of information shall be enhanced. Also retention of patients in a referral institution will be as brief as possible, and as soon as their recovery can be maintained, they shall be returned to the community, accompanied by clear information on the findings and care provided as well as on the next steps to be followed at home and by HEWs. One of the major issues in this regard will be the universal availability of a car to transfer emergency patients and mothers in complicated situation from HC to DH and radio/telephone communications among the various facilities in the referral and management chain.

Strengthening supportive supervision: to ensure the delivery of good quality EHSP, it is essential to institute an effective system of supportive supervision at all levels of the system. Supervision shall be a regular management and health services function. Through well-planned and co-ordinated supportive supervision at various levels, it is aimed to improve the quality and quantity of work and maintain the standard in line with the EHSP. The supervision shall primarily be supportive, problem solving, and educational in its orientation.

Strengthening and extending the national HMIS: to ensure use of data for proper monitoring and evaluation of the progress in delivery of EHSP, and for decision making at all stages of health services management, it is critical that the national HMIS is strengthened. Extending the national HMIS to the community level will capture the contribution of the HEWs. Key indicators need to be developed and simple forms created for Kebele level. Community HMIS should include not only the HP activities but also the contribution of all community based health agents. Local Kebele leaders and community members should be actively engaged in a dynamic process of setting targets and reviewing progress. The data will first be used locally, and then transmitted up in a monthly report to the HC responsible for referral, supportive supervision, and logistics for the HP. Finally; it will be further transmitted to the WHO.

Functioning logistics system: the HP, HC and DHs need commodity inputs including vaccines, contraceptives, medicines, equipments, tools, vehicles and other supplies. These inputs have to be appropriately selected, quantified, and reach the health facilities in time. Any delay or shortage may cause a problem on the programme or service and result in the dissatisfaction of the community and loss of confidence and frustration of the health workers at each level. For all these to materialize there needs to be a well functioning national logistic system as well as the input needs have to be worked out and budgeted for every year.

Intersectoral collaboration: the EHSP requires the involvement and input of other sectors. The major ones are:

- **Agriculture:** The agricultural extension workers with HEWs will provide education about nutrition to the communities particularly women, focusing on what they can apply with the available resources. They will primarily deal with the proper feeding of children and maternal nutrition during pregnancy and lactation.
- **Water:** Education in the proper use and handling of water and sanitary facilities can be facilitated by HEWs and their water extension counterparts working together. All water source construction projects will be coupled with hygiene education and community organization activities.
- **Education:** Schools in the community help people to understand their health problems, can convey health messages to homes, and participate in community health campaigns. The schools can assume certain responsibilities for preventive health activities within schools and the community, such as sanitation programs, food for health campaign, prevention of harmful traditional practices, promotion of nutrition and first aid, anti AIDS/HIV activities and etc.
- **Mass Media:** The media can play a supportive educational role by providing valid information on health. This will be done at regional and federal level through the appropriate units. Regional and local radios and education radio stations have greater impact in accessing health information to the people through local languages.

5. Implementation Arrangement

The implementation of EHSP requires institutional arrangements with clear delineation of the roles and responsibilities of the involved institutions. In this section issues including administrative arrangements, human resources, infrastructure and diagnostic requirements, and financing arrangements are spelt out.

5.1. Administrative Arrangements

The key actors involved in the implementation of EHSP will be the FMOH, RHBs, WHOs and Kebele administration involving the HP at the community level. The role of each level of the management is summarized below.

Federal Ministry of Health: The FMOH issues policy and guidelines for implementation of the EHSP. It also reviews and monitors the effect, relevance and appropriateness of the EHSP in addressing the basic needs of the society from time to time nationally and gives guidance on areas for improvement. The FMOH will secure the funds and support needed to deliver EHSP through the sector wide approach, i.e. the HSDP.

Regional Health Bureaus: The RHBs will adapt the national EHSP to their regional context by supplementing their own priorities. It also gives guidance on the appropriate resource allocation at regional and district levels. The RHBs will;

- Give orientation to the appropriate regional and district authorities on the EHSP, its costing, and on the planning process based on the EHSP as well as assessment of the operationality and performance of the system at various levels.
- Monitor and evaluate the application of EHSP, produce and monitor coverage figures regularly for each district and communicate this to the regional and district authorities and the FMOH.
- Make supportive supervision to sample facilities at each stage of the referral level and give feedback accordingly.

- Keep records of available staffing and resource/logistics pattern, and availability and functionality of various inputs at all levels in the region with respect to the needs of the EHSP and ensure equitable distribution of human and other resource among districts.

Woreda Health Offices: WHOs ensure that every health facility is delivering the EHSP for its level and that there is strong linkage and support between the various levels. It gives guidance and support in planning and ensures that in their annual plans each health facility sets appropriate targets in relation to each of the components of the EHSP, and that they make appropriate efforts to achieve their targets. The Woreda Health Office also makes sure that each facility gets appropriate resources to reach agreed upon targets.

The major responsibility of coordinating and organizing supportive supervision rests in the hands of the Woreda Health Office. The WHOs are responsible for timely supply of sufficient drugs and supplies to each health facility and to ensure efficient utilization of these resources. It is also responsible for ensuring the availability of staff for delivery of the EHSP in each facility in the district. It plans, employs and requests staff from the RHB, and organizes in-service trainings when required. Regarding the control of zoonotic diseases indicated in the EHSP, the WHOs communicate with the appropriate authorities and makes sure that the required interventions are made on time, in particular in the case of rabies.

Woreda Council: Woreda Council coordinates the health and relevant sector offices at that level to ensure availability of the reinforcing services that are considered to be essential for the EHSP, such as inputs of from the agriculture, water and education sectors. The council will make sure that representatives of health related offices at the district level, representatives of various civil societies involved in health related activities, NGOs, and etc are involved. The council deals with the concerned sectors to make sure that a linkage is made between health facilities and relevant partners so that safe water supply is established and coverage expanded, appropriate nutritious production and practice is enhanced, proper housing and sanitation is promoted, and healthy school environment is established.

Community Administration (Kebele): At the community level the HP will serve as the centre of service as well as coordination of delivering the EHSP. The Kebele administration with the HP will plan for regular supplies and resources required to delivery the EHSP. It also reviews

and monitors the effectiveness of planned interventions, as well as the satisfaction of the community with the EHSP and gives feedback to the Woreda level. The Kebele will also make sure that all the records and copies of reports are kept properly. The task of intersectoral collaboration and action will be enhanced by bringing together the various stakeholders at the Kebele level.

5.2. Financing

The financing arrangement for the EHSP in particular and the overall health service in general is illustrated in Figure 2 below. The three layers represent the total health services that could be provided by a health facility. The EHSP is the sum of the base and the middle layer. The base layer is selected public health services that need to be provided to all free of charge. These could include immunization, TB, family planning, delivery at primary health care facilities, etc. The middle layer represents the part of the EHSP that is offered on a cost-sharing basis. The top layer represents services that are outside the EHSP (commonly referred as high cost services). These are services that a health facility could produce on top of the EHSP, if conditions permit. These services are provided at a higher fee level.

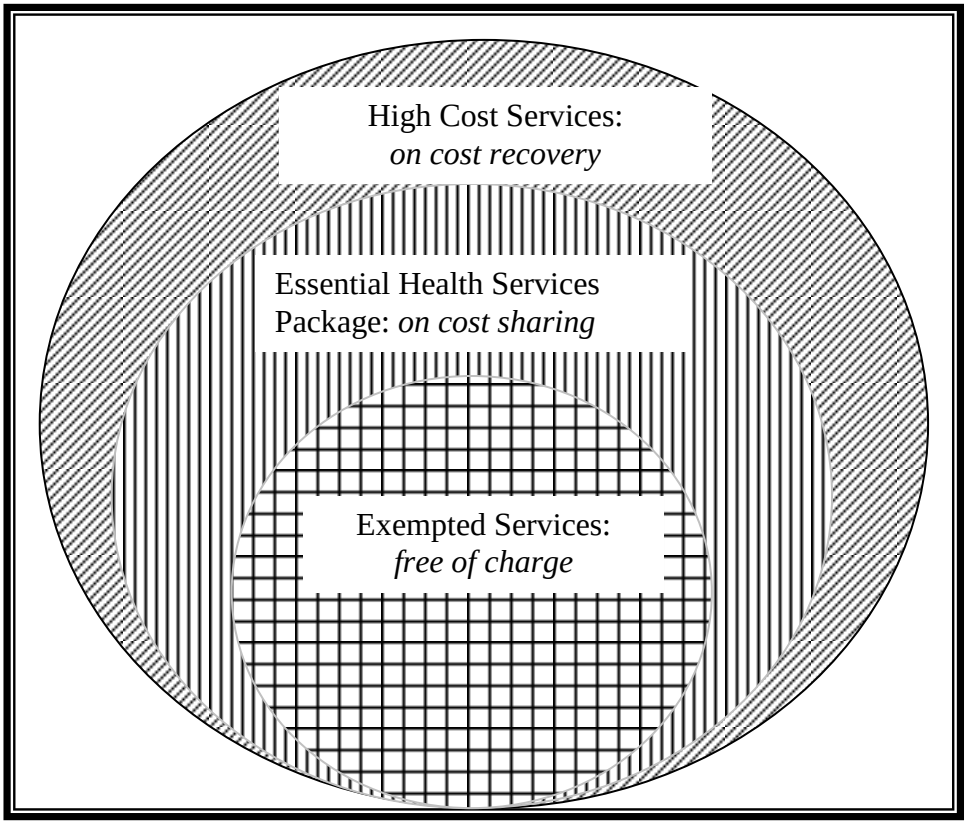

Figure 2: Financing arrangement of the health sector including the EHSP.

Exempted Services are services that should be provided at no charge to all on the account of addressing public health goals. These services are free at all service delivery levels. Provisions for giving health care services free of charges for certain diseases have been in effect for more than half a century in Ethiopia. But there was no formal policy that clearly defines exempted health services except for a series of circulars issued at different times. Moreover, there are no guidelines for implementing whatever exemption is granted. As a result "exempted" services were not uniformly "exempted" in all facilities. In one survey six health services (EPI, prenatal, postnatal, TB, FP, and malaria) were found to be provided freely in most facilities. To standardize exemption practices some regions have issued a ''Health Services Delivery Administration and Management'' proclamation and this will continue to be adopted nationwide. Government will mobilize the required external and internal resources for such services. Most of the exempted services would fall in the health service extension program.

EHSP outside exempted services These are the portions of the EHSP services (the middle layer in figure 2) that a health facility is expected to provide at a minimum. These services are considered and agreed to be essential for advancing the health of the population. These services will be heavily subsidized by government. They will be provided to individuals who need them on a cost-sharing basis, and yet with all the privileges of free service to all who deserve (see equity below).

High Cost Services These are services outside the EHSP. Health facilities could also provide these services, which could be needed by few. These services will be provided on high cost recovery basis. The facilities have to mobilize the required resources themselves to deliver these services and can charge a higher fee for the services.

Equity. *Fee waiver is a right conferred to an individual that entitles him or her to obtain health services in health facilities at no direct charge or reduced price due to lack of inability to pay.*
Through the fee waiver system the poor will have free access to both the EHSP and high cost services. However, no formal fee waiver policy exists that clearly distinguishes exemption from fee waiver, either in terms of their differing concepts or in terms of their differing applications in practice in the Ethiopian health care system. There is no official policy document that recognizes the fee waiver system as yet.

Fee waiver is distinct and separate by objective from exemption systems. It defines and identifies target groups and the institutions or agencies authorized to administer the system. It sets out guidelines for implementation; and specifies critical success factors against which the performance of the system should be evaluated, e.g., in terms of whether or not the equity objectives are met.

The lack of a formalized policy on fee waiver has resulted in practices that are largely characterized by inconsistent implementation, absence of a clear targeting mechanism, and the presence of multiple 'stakeholders' involved in issuing fee waiver certificates. Fee waiver system will be strengthened to protect the poor from financial barrier in accessing health services. A formal policy and guidelines need to be developed for uniform application

5.3. Human Resources and Infrastructure

The definition of EHSP states that services included in the packages at all levels must be provided as essential. To provide these services, health service providers at the different levels (HP, HCs and DH) need to be resourced with the required health professionals and supervisory staff, facilities, equipment and supplies.

To implement the HSEP, the staffing requirement is two HEWs for each HP. The components of the EHSP at the community level were designed and HEWs are trained based on this staffing. The present standard for staffing at the HC and DH requires revision to accommodate the requirements of the EHSP. If the basic trainings of the professionals are found to be lacking in topics to sufficiently address these requirements, in-service trainings will be provided. At the HC level it is required to have staff with the following in-service trainings in order to effectively carry out the EHSP.

- PMTCT
- VCT
- HIV testing
- TB DOTS management and leprosy case management
- IMCI
- IDSR
- Basic Emergency Obstetrics Skills

- ENA and infant and young child feeding

For the DH the overall staff needs will have to be revisited, staff trained in the following areas through in-service training will be required for effective implementation of the EHSP.

- HIV/AIDS diagnosis and management
- VCT
- PMTCT
- TB DOTS management and leprosy case management
- IMCI
- comprehensive emergency surgery and obstetrics care
- ENA and infant and young child feeding

Various concerns have been expressed with respect to the human resources required for the implementation of the EHSP. Among these the following came out prominently:

Revision in health professional curricula The existing staffing pattern of HC and DH pertaining to health officers and general practitioners would likely continue in the foreseeable future. In order to realize the delivery of EHSP the medical graduates and health officers should be able to provide surgical emergency operation and basic and essential obstetric care. Hence, the existing curricula need to be reviewed to accommodate such services.

In-service training An alternative approach will be for graduate medical officers and health officers to receive on-the-job training in emergency operation and basic and essential obstetrics care.

Following the definition of the outputs that will be provided for each level, it is essential that the inputs (in terms of facilities and equipment) required for realizing these should be revisited.

5.4. Diagnostic and supportive services

In order to facilitate the delivery of EHSP selected diagnostic facilities and supportive services will be required. The HP level will address the major problems based on clinical diagnosis. But the HC needs selected sensitive and specific diagnostic tests in order to arrive at conclusive diagnosis and to enhance the success of treatment.

Accordingly basic diagnostic services will be available at HC level while further refined tests will be available at DH level. The HC will provide laboratory diagnostic services including VDRL, urinalysis, haematology including Hgb, blood group & Rh test, as well as pregnancy test in support of the family health services and parasitological test including blood film and stool test to support diagnosis and treatment of communicable diseases. Also there will be bacteriological tests including AFS, wet mount and grams staining to enhance the diagnosis and treatment of communicable diseases.

To facilitate investigations on water and food quality and safety, and culture and sensitivity tests related to epidemics, HCs as well as DHs will rely on better equipped public health laboratories at regional and federal levels. The DH in addition to the above tests will have X-ray diagnostic support for management of communicable diseases, family health services, injuries, etc. There will also be capacity and facility to put on POP at DH level for immobilization of fractures. The DH and upgraded HC found in districts without DH will have facility for blood transfusion.

Although addressed within the referral system section, it is worth mentioning again that transportation for emergencies situation shall be given emphasis. Among the supportive services to be considered to enhance the delivery of EHSP will be availability of a vehicle for the HC and DH particularly to facilitate transfer of mothers in complicated situations such as APH, complicated labour, as well as cases of surgical and medical emergencies.

6. Monitoring, Evaluation and HMIS

6.1. Purpose

Monitoring and evaluation at all levels is integrated to determine the implementation status of the EHSP. Through monitoring follow up is made of the progress in making the EHSP available and accessible. Through periodic evaluation assessment will be done to see the progress in achieving EHSP objectives and to assess its impact, particularly with respect to changes in terms of output. Also periodic evaluation will help assess the relevance, effectiveness and efficiency of program implementation and sustainability. The existing HMIS shall be reviewed and adjusted to serve the purpose of monitoring and evaluation of the delivery of EHSP.

6.2. Methods and indicators

The current monitoring and evaluation system will be strengthened to allow monitoring and evaluation of EHSP. The major aspect of the monitoring and evaluation of the utilization coverage by each component of the EHSP will be done based on the routine HMIS.

Also monitoring and evaluation of the progress in the availability of EHSP will be done using selected key indicators, to be based on surveys and data collected during supportive supervision. The core indicators and methods that will be used for monitoring the implementation of EHSP are presented in Table 4 below.

Table 4. Core Indicators for Monitoring and Evaluation of Application of EHSP

Indicator	Description	Level of use	Source of Data
Proportion of HF with standard capacity for EHSP	No. of HF (DH+HC+HP) with standard staffing, equipment, supplies, & diagnostic facilities for EHSP / Total health facilities	District, region & federal	Survey or consolidated reports of supportive supervision
% of HF giving full set of EHSP	No. of HF (HP,HC and DH) giving full set of EHSP / Total health facilities	District, region & federal	Survey or consolidated reports of supportive supervision
EHSP coverage	Population for whom the whole package of EHSP is made available within 10 Km / Total population	District, region & federal	Survey or consolidated reports of supportive supervision
Per capita health care utilization	Total No. of 1st + repeat visits in a year for all reasons / Total population	HF, District, region & federal	HMIS Data

7. The Cost of EHSP

The costs for providing the EHSP have been estimated based on a parallel costing exercise done for the health MDGs needs assessment. The detailed costing calculations and the assumptions on which these are based are contained in the recent study "FMOH, 2005, The Millennium Development Goals: Health Sector Needs Assessment for Ethiopia." This study uses the Marginal Budgeting for Bottlenecks costing tool to estimate the potential cost and impact of Ethiopia's efforts to increase health service coverage with effective health interventions, in order to reach the health MDGs by 2015.

7.1. Methodology

The EHSP captures the promotive, preventive and essential curative health services to be provided at the community, health centre and district hospital levels. Accordingly the cost estimate for the health MDGs is taken to be an appropriate cost estimate for the EHSP. However, some adjustments have been made to reflect EHSP coverage and service delivery levels.

Specifically, the following adjustments have been made:

- The cost estimates in the MDG needs assessment include secondary and tertiary hospital care. For the purpose of the EHSP these costs are deducted.
- The four steps of service expansion indicated in the MDGs needs assessment study were rearranged to fit into the EHSP service delivery levels- HP, HC and DH. The fifth step of service indicated in the MDGs study is excluded for the EHSP.

Step 1 of the MDGS needs assessment study, which is "Information and Social Mobilization for Behaviour Change", and step 2 the "Health Service Extension Program" will be undertaken at the community level by the EHSP. Step 3, which is the primary level clinical services, will be provided at HCs, and step 4; Essential Obstetric Care will be at the DH level. The coverage and cost of each service delivery level or step adds on the previous one in a cumulative way. Each

step corresponds to increasingly high levels of health services coverage and associated improvements in health outcomes.

7.2. Cost of EHSP

The results of the costing exercise are presented on Table5 below:

Table 5. Estimated Incremental Cost Per Capita per Year Over 2005-2015

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The table displays the cost per capita over the period 2005-2015. The various steps will result in an average incremental cost per capita per year over 2005-2015 in the following manner: step 1 would cost an average of US$1.51 per capita; step 2 would cost an additional US$3.48 per capita per year; step 3, would cost an incremental average of US$ 1.72 per capita per year, step 4 would cost an incremental US$ 8.70 per capita. The total incremental per capita cost amounts to an annual average of US$15.41. The current per capita health expenditure from all sources is US$5.6. Taking the present US$5.6 per capita expenditure the projected health expenditure for the ESHP will be annual per capita of US$ 21.01.

Annex 1.*EHSP for Ethiopia, by category of services and by level of deliver.*

Components	HP Level Services and Activities	HC Level Services and Activities	DH Level Services and Activities
FH/ ANC	▪ ANC and follow up of pregnant women ▪ TT immunization ▪ Provision of iron and folate supplementation ▪ Treatment of malaria and hook worm in pregnancy ▪ IEC on balanced diet, HTP, breast feeding, FP, care and activities during pregnancy	▪ Comprehensive ANC services on daily basis ▪ Screening and management of syphilis and other problems in mothers ▪ Provision of PMTCT services ▪ Management of cases of pre-eclampsia, eclampsia, & malaria in pregnancy ▪ Management of abortion including MVA ▪ Diagnosis, referral & transportation of APH cases	▪ Skilled intervention of high risk mothers including in-patient and at maternity waiting area
FH/ Delivery & Newborn Care	▪ Clean and safe delivery at HP and/or at home ▪ Birth weight recording of all newborns ▪ Basic resuscitation, prevention of hypothermia, ophthalmia neonatorum, & cord infections of new born ▪ Initiation of breast feeding by immediately putting the newborn on breast ▪ Identification, referral & facilitation of transfer of prolonged labour, foetal distress, bleeding, and retained placenta ▪ Immunization of newborn	▪ Clean and safe delivery (BEOC) at HC ▪ Where there is no DH in the district one HC will be upgraded to give CEOC ▪ Provision of assisted delivery (episiotomy, instrumental delivery) services ▪ Manual removal of placenta ▪ Management of PPH in mothers ▪ Management of complications in the neonate (sepsis without severe manifestation, local infections, etc) ▪ Identification, referral and facilitation of transportation of mothers of complicated labour	▪ CEOC ▪ Destructive delivery ▪ Treatment of premature births & those with birth injury ▪ Management of neonatal hypothermia & all forms of neonatal infections ▪ Management of all forms of retained placenta including hysterectomy
FH/ PNC	▪ Promotion of ENA ▪ Promotion of breast & complementary feeding ▪ Provision of iron and Vitamin A supplements	▪ Treatment of breast infections & puerperal sepsis ▪ Diagnosis, referral and facilitation of early transfer of severe forms of infection and puerperal problems	▪ Treatment of all forms of puerperal problems including infections, psychosis & fistula

Components	HP Level Services and Activities	HC Level Services and Activities	DH Level Services and Activities
FH/FP	▪ Promotion and advice on FP and EPI ▪ IEC and counselling on FP ▪ Provision of condom, mini pills, combined pills & injectable contraceptives	▪ Provision of long term contraceptives including Norplant, IUD and injectable ▪ Post abortion care including MVA	▪ Provision of all forms of FP including permanent methods ▪ Treatment of abnormal menstruation including D&C
FH/ Child Health/EPI/ IMCI	▪ Immunization of mothers & children ▪ Treatment of malaria, ▪ Treatment of eye & skin infections with ointments. ▪ Treatment of common intestinal helminths with broad spectrum drugs ▪ Assessment and classification of common child hood illnesses using the IMCI guideline and provision of treatment for malaria and diarrhoea. with new ORS and zinc ▪ Promotion of appropriate feeding practices	▪ Treatment of all forms of febrile illnesses referred from HPs (including malaria, pneumonia, meningitis, and measles complications) ▪ Treatment of anaemia, diarrhoea, intestinal helminths based on laboratory diagnosis	▪ Out patient and inpatient treatment of all complicated and/or referred cases of infections supported by laboratory and X-ray diagnosis
FH/ GM & ENA	▪ Growth monitoring based on national guidelines ▪ Vit A and iron supplementation ▪ Promotion of ENA ▪ Rapid test of edible salt for iodine ▪ Promotion of complementary feeding including demonstration of food using locally available items ▪ Vit A supplementation to mothers and children ▪ Supplementary feeding during emergencies	▪ Conduct regular growth monitoring ▪ Promotion of ENA ▪ Treatment of children with moderate to severe malnutrition ▪ Supplementary & therapeutic feeding ▪ Micronutrient complementary supply ▪ Test household salt for iodine at outreach sites	▪ In patient treatment of all forms of malnutrition
FH/ Immunization	▪ Surveillance of vaccine preventable diseases ▪ Vaccination according to national guideline ▪ Defaulter tracing	▪ Daily integrated immunization services at HC and at outreach sites	▪ Initial immunization at birth & follow up doses to those coming for other services and from catchment
FH/ ARH	▪ IEC and counselling on sexuality related issues, including the problem of HIV/AIDS and HTP ▪ Provision of condom	▪ Screening and counselling on STI/HIV/AIDS ▪ Post abortion care including MVA	▪ Management of referred complicated cases

Components	HP Level Services and Activities	HC Level Services and Activities	DH Level Services and Activities
CD/ TB and Leprosy	▪ IEC, and referral of suspected cases to HC ▪ Follow and support to leprosy patients ▪ Defaulter tracing of both ▪ Follow up treatment to TB and leprosy patients ▪ Follow up for reactions & complications, timely transferral	▪ Case diagnosis (clinically & AFS) and initiation of treatment of TB and leprosy ▪ Free treatment of all TB & leprosy patients OPD level ▪ Training, advice & treatment of leprosy patients on disability prevention	▪ Case diagnosis with AFS, X-ray support. ▪ Inpatient treatment of complicated TB and leprosy patients, and those who develop reactions
CD/ HIV/ AIDS and STI	▪ Support & guidance to families on home based care ▪ IEC, encouragement & transfer to HC including individuals planning marriage for VCT ▪ Condom promotion and distribution ▪ IEC and encouragement of contact treatment for STI ▪ Advice, counselling and linking of STI cases to HC	▪ VCT testing services ▪ PMTCT and counselling ▪ Treatment of opportunistic infection in diagnosed HIV/AIDS cases ▪ ARV Rx of diagnosed AIDS patients ▪ Syndromic Rx of STI based on laboratory tests ▪ Individual advice, counselling contract tracing of STI and treatment	▪ VCT services ▪ Diagnosis & ARV treatment ▪ Treatment of all forms opportunistic infections. ▪ PMTCT ▪ Laboratory diagnosis & treatment of STI
CD/Epidemic diseases	▪ Surveillance, reporting & organizing epidemic control ▪ Malaria clinical diagnosis and treatment ▪ IEC on suspected epidemics, and surveillance	▪ Epidemic investigation ▪ Free treatment of epidemics ▪ Immunization and chemoprophylaxis	▪ Confirmatory investigations on epidemics
CD/Rabies	▪ IEC and monitoring of the occurrence of rabies ▪ Organizing control of rabid animals in collaboration with agriculture sector during epidemics	▪ Provision of full course of anti rabies vaccination	▪ Inpatient isolated care to clinical rabies cases ▪ Provide anti-rabies vaccine

Components	HP Level Services and Activities	HC Level Services and Activities	DH Level Services and Activities
Basic Curative Care & Treatment of Major Chronic Conditions	▪ School health education & screening students for major chronic problems and disability ▪ IEC on oral hygiene and referral of patients ▪ Public education on common emergency conditions ▪ IEC on DM, hypertension ▪ Application of splint for fractures & referral ▪ Provision of anti pain to cases of severe pain ▪ Treatment of acute eye infections with eye ointment ▪ Treatment of diarrhoea with some dehydration using ORS ▪ Treatment of malaria with oral drugs ▪ Treatment of intestinal parasite infestation with broad-spectrum antihelminthics	▪ Antibiotic treatment of acute gingival periodontal infections and tooth extractions ▪ Stabilization of fractures with splint ▪ Antibiotics and fluid treatment of acute abdomen, referral and facilitation of transportation ▪ Arresting bleeding of all cases ▪ Oral or IV rehydration of all stages of dehydration ▪ Removal of foreign body in the eye, nose & ear ▪ Treatment and follow up of epilepsy patients ▪ Antihistamine treatment & follow up of victims of snake and insect bite ▪ Clinical diagnosis & antibiotic Rx of trachoma and other eye infections ▪ Treatment of allergic conjunctivitis ▪ Laboratory diagnosis of malaria, RF, typhoid fever and helminthiasis and proper treatment, including short time inpatient care of RF and malaria ▪ Urine test and antibiotic treatment of UTI ▪ Diagnosis of new cases of Diabetes with FBS, referral for initial treatment, follow up and drug refill ▪ Diagnosis of hypertension and treatment of uncomplicated cases on ambulatory basis ▪ Diagnosis & treatment of Bronchial asthma ▪ Clinical Dx and treatment of pneumonia.	▪ Treatment of all forms of dental problems including tooth extraction ▪ Specific diagnosis of fractures with X-ray support and immobilization including by POP application ▪ Surgical treatment of acute abdomen and injury ▪ Removal of foreign body in the eye, ear and nose ▪ Blood transfusion services ▪ Management of complicated eye infections including minor surgical intervention ▪ Clinical diagnosis and treatment of complicated cases of sever pneumonic bronchial asthma with O2 support and steroid if needed ▪ Clinical and X-ray Dx of all forms of respiratory infections including pneumonia at inpatient and OPD ▪ Diagnosis, initiation of treatment and follow up of diabetes patients ▪ OPD and In-patient Management of complicated hypertension

Components	HP Level Services and Activities	HC Level Services and Activities	DH Level Services and Activities
Hygiene and environmental health	▪ IEC & Demonstration of small do-able environmental health actions ▪ School health education ▪ Delousing during epidemics ▪ Water source identification, management of contamination and monitoring ▪ Site selection & demonstration of protection, purifications & handling of water ▪ IEC and demonstration of proper housing. ▪ Organizing & coordination of sanitation campaigns ▪ Promotion and demonstration of proper solid waste disposal ▪ Inspection of household sanitation practices ▪ Demonstration of appropriate drainage ▪ Education on personal and food hygiene ▪ Education, inspection and screening of students for contagious eye and skin diseases and provision of appropriate treatment	▪ School health education ▪ Prison health service, control of rodents and insects, & delousing when needed ▪ Demonstration on insecticide handling & use ▪ Water quality control ▪ Collection & testing at (public health lab) of food samples during food borne outbreaks and remedial actions according to the result ▪ Organization and follow up of regular medical and physical examination, of food and drink handlers working in food and drinking establishments, and at mass catering places ▪ Inspection, screening and treatment of students for contagious eye and skin diseases	▪ Disease surveillance and feedback to HP and HC ▪ Inspection of food and drinking establishment
Health Education & Communication	▪ Community mobilization & sensitization ▪ Counselling service ▪ Distribution of IEC materials ▪ Group and individual IEC in community and at home	▪ Counselling service ▪ Provision of IEC ▪ IEC material development and provision to HP	▪ Counselling service ▪ IEC to individual patients & clients and to groups