Federal Democratic Republic of Ethiopia
Ministry of Health

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HSDP-IV WOREDA BASED HEALTH SECTOR ANNUAL CORE PLAN

EFY 2007(2014/15)

Prepared for ARM 2014

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EFY 2007(2014/2015)

Crossing the finishing line and envisioning beyond:
Toward equitable and better quality of health services in Ethiopia

Prepared for ARM 2014

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ACRONYMS

ANC	Ante Natal Care
ARI	Acute Respiratory Infection
ART	Anti Retroviral Therapy
ARV	Anti-retroviral Drug
BSC	Balanced Scorecard
B-EmONC	Basic Emergency Obstetric and Neonatal Care
C-EmONC	Comprehensive Emergency Obstetric and Neonatal Care
CMAM	Community management of acute malnutrition
CQI	Continuous Quality Improvement
CBN	Community Based Nutrition
DHS	Demographic and Health Survey
DTs	Development Teams
EFY	Ethiopian Fiscal Year
FANC	Focused Antenatal Care
FMOH	Federal Ministry of Health
FP	Family Planning
GTP	Growth and Transformation Plan
HDA	Health development army
HEP	Health Extension Program
HEW	Health Extension Workers
HF	Health Facility
HIS	Health Information System
eHMIS	electronic Health Management Information System
HPs	Health Posts
HSDP	Health Sector Development Program

HSSS	Health System Special Support
IMCI	Integrated Management of Childhood Illnesses
ITN	Insecticide Treated Nets
IUCD	Intra Uterine Contraceptive Device
MDGs	Millennium Development Goals
NCDs	Non-communicable diseases
NDL	National Drug List
NICU	Neonatal intensive care unit
ODF	Open Deification Free
OI	Opportunistic Infection
PMTCT	Prevention of Mother to Child Transmission
RHB	Regional Health Bureau

CHAPTER 1

1. INTRODUCTION

Ethiopia has made significant improvements in many of the health indicators. The country achieved MDG 4 three years ahead of schedule by cutting the under-five mortality by two thirds since 1990; new HIV infection has gone down by more than 90%; and there is no malaria epidemics and the malaria infection and death toll due to malaria dropped by 67% and 48%, respectively. Recent report has also shown that Ethiopia is on track to achieve MDG 5 and mini DHS conducted in 2014 showed a huge increase of CPR from 29% in 2011 to 42%.

The great success registered is mainly due to a well-coordinated, extensive effort and intensive investment of the government, partners and the community at large to strengthen and expand the primary health care. These are primarily due to political commitment and the introduction of the home grown innovative community health workers program called the Health Extension Program.

The Health Extension Program is a community-centered strategy to deliver preventive, promotive services and selected high impact clinical interventions at community level. HEP has provided us excellent platform to engage the community regularly, foster community ownership and bridging the gap between the community and health facilities through health extension workers. Through HEP, rural communities have been able to access essential health services provided at village and household levels, and has served as a vehicle for bringing key maternal, neonatal and child health interventions to the community with free of service charge.

The Government introduced new social mobilization scheme, the Health Development Army (HDA), which is a network of women volunteers organized to promote health, prevent disease through community participation and empowerment. To date, the Ministry of Health has been able to mobilize over three-million women to be part of an organized HDA.

Having the lessons from our previous performances, EFY 2007 Woreda Based Health Sector Plan is developed to ensure the realization of the commitment of the government outlined in HSDP IV and Growth and Transformation Plan (GTP).

As this is the final year of HSDP IV/GTP one, government and development partners need to further strengthen their efforts in the implementation of this plan to deliver more and better health care to the population. The Ministry of Health has introduced a scorecard to measure the progress and all the efforts and outcomes will be systematically and purposefully measured and interval outcomes calibrated in a timely manner to ensure that the sector reached the goals set in HSDP IV/GTP1.

THE WOREDA-BASED HEALTH SECTOR PLANNING PROCESS & METHODOLOGY

The Ethiopian health sector has long term plan, the 20 years Health Sector Development Programme (HSDP), which has been implemented in four phases (medium term plans). HSDP IV is the final five-year medium term plan built on lessons learnt from the previous phases. The short term plan is the Woreda Based Health Sector Annual plan which is guided by the HSDP.

Annual plans are developed in two stages: the core plan which is about mainstreaming priorities and setting national targets; and the comprehensive (detailed) plan which is the core plan plus other activities of local importance.

The sector has institutionalized a peculiar planning process which uses Top-Down and Bottom-Up Approach that suits to the country's decentralized health system. The key principle underpinning the process is the "One-Plan, One-Budget and One-Report" principles of harmonization and alignment, which is helping the sector to align jointly decided national priorities at all levels of the sector and to improve predictability of funding in support of results-oriented plans and strategies.

Top-Down and Bottom-Up Approach means that an indicative core plan is prepared at the higher level in line with the national strategic plan and cascaded to lower levels supported with available resources committed from all partners for the implementation period. Then woredas develop their own plan based on the cascaded targets and priorities according to their local context and situation. Finally, woreda plans are aggregated to formulate zonal, regional and national plans.

The planning at all levels is conducted with the help of concrete and reliable evidence. Based on the evidences - root causes of health problems of the community are identified and tackled using proven high impact interventions (bottleneck analysis and setting strategic solutions)

Planning is becoming more participatory and interactive, involving all relevant stakeholders at all levels. Woreda level plan, for example, is prepared by a team from woreda health office, heads of health centers, community representatives, NGOs, community leaders, administrative leaders and development partners.

The health sector planning framework is developed with the "Nine Steps to Success" -building & implementing a Balanced Scorecard BSC). The first six steps (Assessment, Strategy, Strategic Objectives, Strategic Map, Performance Measures and Strategic Initiatives) are for planning phases and the remaining three steps (Automation, Cascading and Evaluation) are for implementation phase and monitoring of progress.

The sector is using Balanced Scorecard to help everyone in and around the sector understand and work towards a shared vision and strategy. A completed scorecard system is being developed at all levels of the sector that aligns the sector's shared vision (HSDP) with the organization's business strategy, desired employee behaviors, and day-to-day operations.

FIG 1:THE LOGIC OF BALANCED SCORECARD (BSC)

The 2007 Ethiopian Fiscal Year is the final lap for HSDP and MDG targets. Therefore, HSDP IV targets are directly taken as the Woreda-Based Health Sector Annual Plan targets and special emphasis has been given to the preparation and alignment of strategic initiatives and major activities which are believed to attain the HSDP IV/MDG targets.

Hospitals prepared their annual plan supported by the Federal and Regional Medical Service, and Policy and Planning Directorates. University hospitals joined the health sector Woreda-based planning cycle, which is first of its kind and helped them to prepare their annual plan aligned to HSDP.

The EFY 2007 planning has been supervised by the top leadership of the sector and the Health Development Army (HDA) ignition document prepared by the top leadership used as a guide.

The HSDP IV Mid-term review (MTR) has clearly showed the positive impacts and challenges of the woreda based health sector planning (WBHSP). Some of the positive impacts mentioned in the report includes: increased ownership, growing participation and collaboration at different levels; contributed to the alignment and harmonization of the planning, budgeting, resource allocation, prioritization, tracking and reporting systems; improved access and awareness of various issues such as related to capacity building, CEmOC, BEmOC and others; and helped to provide evidence for resource allocation, in detailed activity based planning, and more flexibility in reprogramming. The challenge is undermining of the planning process due to high and increasing workloads, inadequate leadership involvement especially at lower levels of the sector. The 2007 EFY planning has put short term recommendation of the MTR into consideration while paving way to address long-term recommendation in subsequent strategic program, Health sector Transformation program (HSTP).

THE HEALTH SECTOR
POLICY FRAMEWORK AND STRATEGY

The overarching National Health Policy issued in 1993 emphasizes the importance of achieving access to a basic package of quality primary health care services by all segments of the population. The Health Policy outlines: Democratization and decentralization of the health system; Development of the preventive and promotive components of the health service; Ensuring accessibility of health care by all population; Promoting inter-sectoral collaboration, involvement of the NGOs and the private sector; and Promoting and enhancing national self-reliance in health development by mobilizing and efficiently utilizing internal and external resources.

In order to achieve the goals of the health policy, a twenty-year health sector development strategy has been formulated based on sector-wide approach, which is being implemented through a series of five-year plans. The implementation of the first health sector development program (HSDP) was launched in 1997, and now the fourth HSDP is in its final year which is aligned with the Millennium Development Goals (MDG).

Priority Areas, Core Performance Indicators & Targets:

Priority Areas	Impact	Outcome	Vehicles	Blood Lines
Maternal & Newborn Health	MMR 267/100,000	CPR= 66% Deliveries with skilled birth attendants = 62%	**Health Post** 1:3,000 - 5,000 population **Health Centre** 1:15,000 - 25,000 pop'n (rural) 1:40,000 pop'n (urban) **Primary Hospital** 1: 60,000 - 100,000 pop'n **General Hospital** 1: 1,000,000-1,500,000 population **Comprehensive Specialized Hospital** 1: 3,500,000 - 5,000,000 population	✓ Health Extension Program ✓ Health Development Army ✓ Supply chain management ✓ Regulatory system ✓ Harmonization & Alignment ✓ Health Care Financing ✓ Human Resource Development ✓ Health Information System ✓ Continuous quality improvement program ✓ Referral system
Child Health	U5MR 68/1000 IMR 31/1000	Fully Immunized= 90% Pneumonia treatment 81%		
HIV/AIDS	HIV incidence 0.14	ART =484,966 PMTCT= 77%		
TB	Mortality from all forms of TB = 20/100,000	TB case detection (All forms) = 75%		
Malaria	Lab confirmed Malaria incidence <5 per 1000	Pregnant women who slept under LLIN the previous night = 86% Under five who slept under LLIN the previous night = 86%		
Nutrition	Stunting prevalence 30%			

THE HEALTH SECTOR STRATEGY:

Mission:

To reduce morbidity, mortality and disability and improve the health status of the Ethiopian people through providing and regulating a comprehensive package of promotive, preventive, curative and rehabilitative health services via a decentralized and democratized health system.

Vision:

To see healthy, productive, and prosperous Ethiopians

Core Values:

1. Community first
2. Collaboration
3. Commitments
4. Change
5. Trust
6. Continued Professional Development

Customer Value Proposition

Product or Service Attributes	Image	Relationship
Accessibility–information, physical, financial, etc Timeliness of services Quality of health care services and information, Safety and healthy environment Empowering community and employees Conducive environment	Transparent Supportive Trustworthy Professional Customer-Friendly/ Oriented Committed	Complimentary Cooperative(participatory) Respectful & ethical Harmonious(Mutual Understanding) Transparent Relationship Dependable (Stewardship) Responsive Equitable

STRATEGIC THEMES AND STRATEGIC RESULTS

HSDP IV outlines three main focus areas of the sector's strategy, "Pillars of Excellence", which the sector must excel in order to achieve its mission, vision and strategy.

Strategic Theme	Strategic Result
1: Excellence in Health Service Delivery	A community that practices and produces best health, protected from emergency health hazards and has access to quality health care at all levels and at all times
2: Excellence in Leadership and Governance	Communities served by accountable and transparent institutions and its safety ensured. Decision making in the sector is evidence-based and the promotion of equitable and effective allocation and/or application of health resources
3: Excellence in Health Infrastructure and Resources	Ensuring communities have access to health facilities that are well equipped, supplied, maintained and ICT networked as per the standards and are well staffed with qualified and motivated employees

STRATEGIC MANAGEMENT HOUSE

STRATEGIC OBJECTIVES (SO)

IMPROVE ACCESS TO HEALTH SERVICES

This SO is meant to improve accessibility of health services in order to ensure utilization.

The outcome is increased confidence of citizens in the health system so that they will proactively seek prevention, and treatment services from health facilities.

IMPROVE COMMUNITY OWNERSHIP

This aims to empower community to produce its own health. It is to ensure the involvement, engagement and empowerment of the community via the implementation of Health development army (HDA).

MAXIMIZE RESOURCE MOBILIZATION AND UTILIZATION

Mobilization of resources from domestic and international sources; collection and use of revenues by health institutions; equitable and evidence- based allocation; and effective and efficient use of resources.

IMPROVE QUALITY OF HEALTH SERVICES

It includes provision of quality health services as per the standard by health facilities at all levels.

The outcome is the creation of a health system that satisfies the community's health care needs through the fulfillment of the required inputs, delivering safe and optimum quality of health services in an integrated and user-friendly manner.

IMPROVE PUBLIC HEALTH EMERGENCY PREPAREDNESS AND REPONSES

This is improvements in the health risk identification, early warning, response and recovery from existing and emerging disease epidemics, acute malnutrition, and natural disasters of national and international concern.

IMPROVE REGULATORY SYSTEM

This is about ensuring safety in the delivery of health services, products and practices; prevention of professional malpractices. The outcome includes community safety, healthy environment, compliance to the regulatory standards and increased community confidence in the health law and safe delivery of health services.

IMPROVE PHARMACEUTICAL SUPPLY AND SERVICES

This is comprised of increasing the availability of pharmaceuticals (medical equipment and products for prevention, diagnosis and treatment) at an affordable price and in useable conditions.

IMPROVE EVIDENCE BASED DECISION MAKING: HARMONIZATION AND ALIGNMENT

This is proper generation and use of evidence to address the critical health problems of the community at all levels of the health system and the realization of one-plan, one-budget and one-report and effective integration and alignment of health programmes and projects.

IMPROVE HEALTH INFRASTRUCTURE

This SO is to ensure that health and health related facilities are well built, maintained, equipped, furnished, use appropriate technologies and are located within a reasonable distance from the beneficiary population.

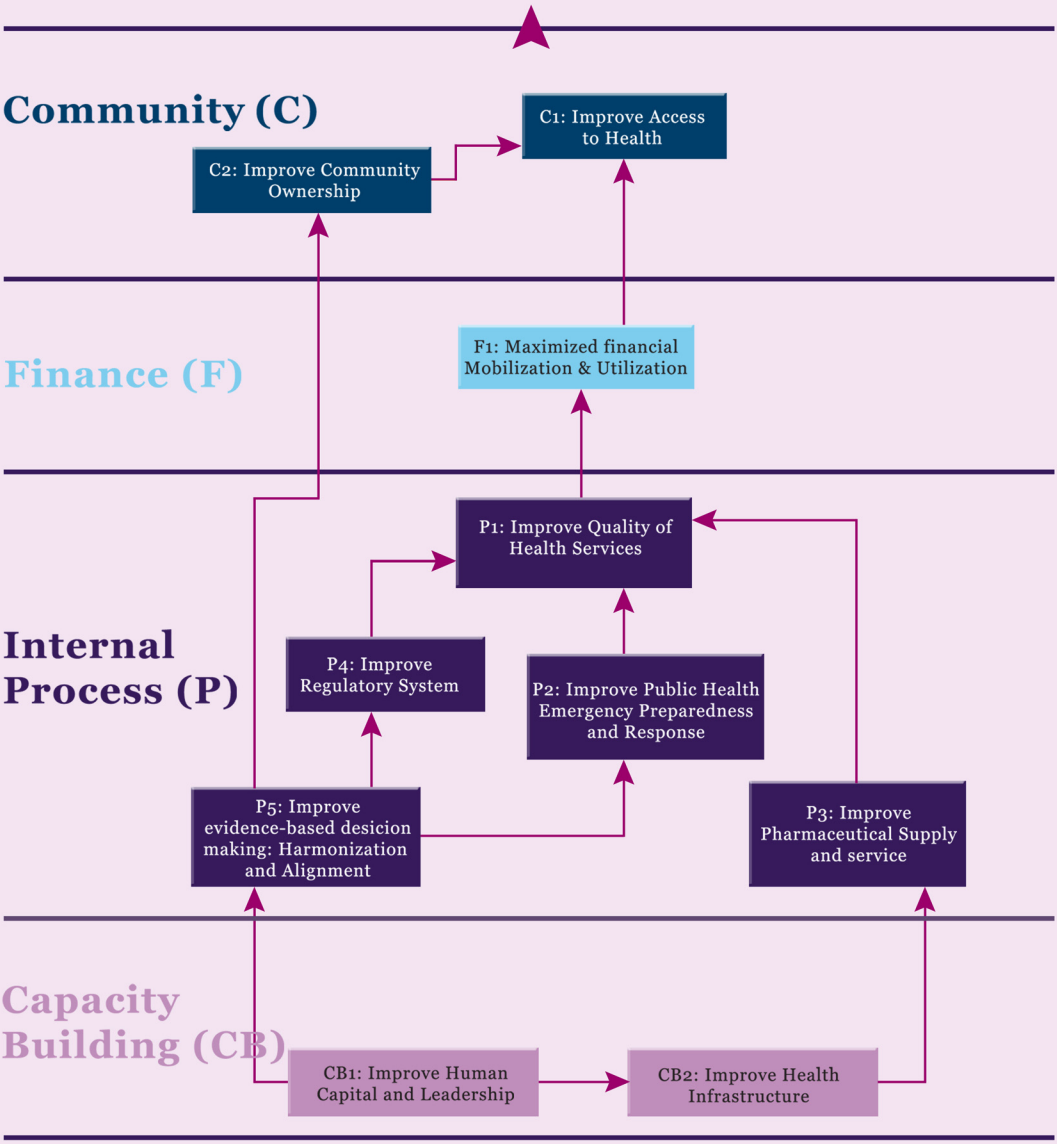
IMPROVE HUMAN CAPITAL AND LEADERSHIP

This includes: leadership development, human resource planning, development and management including recruitment, retention and performance management; community capacity development; and technical assistance management. The outcome is ensuring the adequate availability of skilled and motivated staffs that are committed to work and stay in a well managed sector.

Health Sector Strategic Map

Mission: Reduce morbidity, mortality and disability, and improve the health status of the Ethiopian people through providing and regulating a comprehensive package of promotive, preventive, curative and rehabilitative health services via a decentralized and democratized health system

Vision: To see healthy, productive and prosperous Ethiopians



CHAPTER 2

EFY 2007 NATIONAL HEALTH SECTOR CORE PERFORMANCE MEASURES AND STRATEGIC INITIATIVES

C1. IMPROVE COMMUNITY OWNERSHIP

PERFORMANCE MEASURES:

- Increase model household graduates from 89% to 97%
- Create 100% functional civil service health development army at government wing

STRATEGIC INITIATIVES

- Strengthen Health Development Army at all levels of the sector and increase the coverage of 1 to 5 networks to 95% and DTs to 90%
    - Preparation phase:
        - Conduct 2006 EFY performance evaluation at all levels and identify bottlenecks
        - Based on performance, rank models and provide recognition for best performers
        - Conduct proper orientation of EFY 2007 plan and enhance capacity of implementers

- Implementation phase
  - Strengthen rural HEP (develop and implement RHEP guideline and Pastoralist HEP guideline, Conducting Integrated Refresher Training (IRT), conduct supportive supervision
  - Strengthen urban HEP (develop and implement UHEP guideline and UHEP package, Conducting Integrated Refresher Training (IRT), conduct supportive supervision
  - Develop and implement health extension workers level IV guideline
  - Pilot and then scale up the implementation of redefined PHCU
  - Strengthen Hospital health development army.
  - Ensure the implementation of fully functional and responsive civil service development army at all levels of the health sector
  - Organize Evaluation based Refresher training on health development army and Good governance to Staff annually
- Monitoring and evaluation
  - HDA Best practice documentation and scale up

- Improve the implementation of Good governance in the health sector
- Strengthen the implementation of health sector reform in the health sector

Fig 2: Household graduates after completion of the HEP, EFY 2007

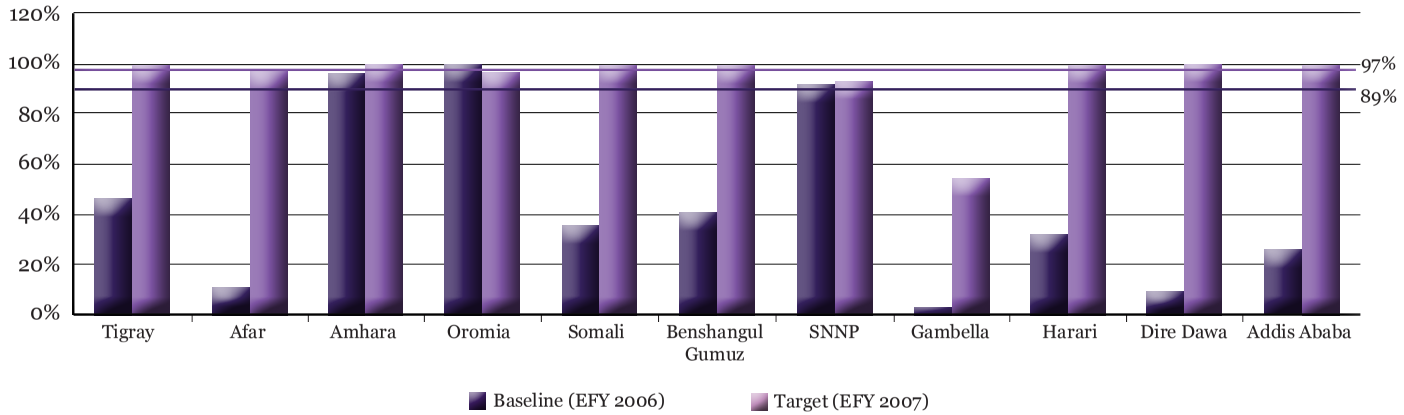


Table 1: Household Graduates, EFY 2007 Target by Region

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible		1,166,060	319,644	4,176,413	5,573,309	825,913	220,795	3,485,755	35,178	57,727	31,180	371,492	16,263,467
Target	#	1,166,060	309,773	4,172,397	5,350,377	814,442	220,795	3,234,488	19,273	57,727	31,180	627,839	15,746,147
	%	100%	97%	100%	96%	99%	100%	93%	55%	100%	100%	100%	97%

C2. IMPROVE ACCESS TO HEALTH SERVICES

2.1. MATERNAL AND NEWBORN HEALTH SERVICES

PERFORMANCE MEASURES:

- Increase Family Planning coverage (CAR) from 63% to 85%
- Increase deliveries attended by skilled birth attendant from 41% to 72%; and post natal service from 66% to 84%
- Increase ART coverage per Option B+ for HIV positive pregnant, laboring and lactating mothers from 55% to 90%
- Increase DNA/PCR (a virological test) through DBS transport and POC testing from 7,070 (21%) to 26,560 (80%)
- Expand NBC service in Health centers from 27.9 to 65.7%, and NICU in regional hospitals from 23.8%to 55.5%

STRATEGIC INITIATIVES TO STRENGTHEN MATERNAL AND NEWBORN HEALTH SERVICES

- Strengthen and expand community and facility based family planning services:
    - IUCD service and expand to 300 new woredas; PP IUCD to 91,386 mothers attended by skilled birth attendant
    - Strengthen the service in all universities
    - Scale up implanon
    - Scale up permanent FP service in 90 hospitals
    - Ensure access to FP services by all segments of the population with special attention to adolescents and youth, sex workers
- Increase skilled attendance of delivery through:
    - Scale up of BEmONC and CEmONC services in all health centers and hospitals, respectively
    - Create model health facilities providing quality maternal health services
    - Scale up maternity waiting room services in health centers

- Support and follow catchment referral network of health facilities in regions with special emphasis to regions that require especial support (Afar, Somali, Gambella and Benshangul Gumuz)
- Create "free of home delivery Kebelles" in at least 61% of kebelles through strengthened health development army

- Strengthen the implementation of MDSR
- Expand New Born Care (NBC)service and strengthen Community Based Neonatal Care (CBNC)
- Strengthen the identification and treatment of obstetric fistula cases
- Strengthen safe abortion service
- Adolescent and youth services:
  - Improve adolescent and youth health services in all universities, health facilities and youth centers
  - Develop 2016-2020 national AYRH strategy
- Strengthen PMTCT services:
  - Provide HTC for 86% of ANC attendants and 65% of laboring and lactating mothers.
  - Strengthen access to ART services of all HIV+ pregnant and lactating mothers in all regions with special support to the four regions requiring special support (Somali, Benshangul Gumuz, Gambela and Afar)
  - Utilization of the new PMTCT mother baby pair cohort follow up register and implementation of CQI in 2,500 health facilities
  - Increase # of infants accessed to OI management to 26,560 (80%)
  - Increase HIV positive mothers provided ART, receiving FP to avoid unintended pregnancy to 50%
  - Increase # of HIV positive mothers with OI management (Bactirium) to 60%
  - Strengthen services provided for HEI
- Develop 2016-2020 national maternal health strategy

Fig 3: Contraceptive Acceptance Rate by Region:

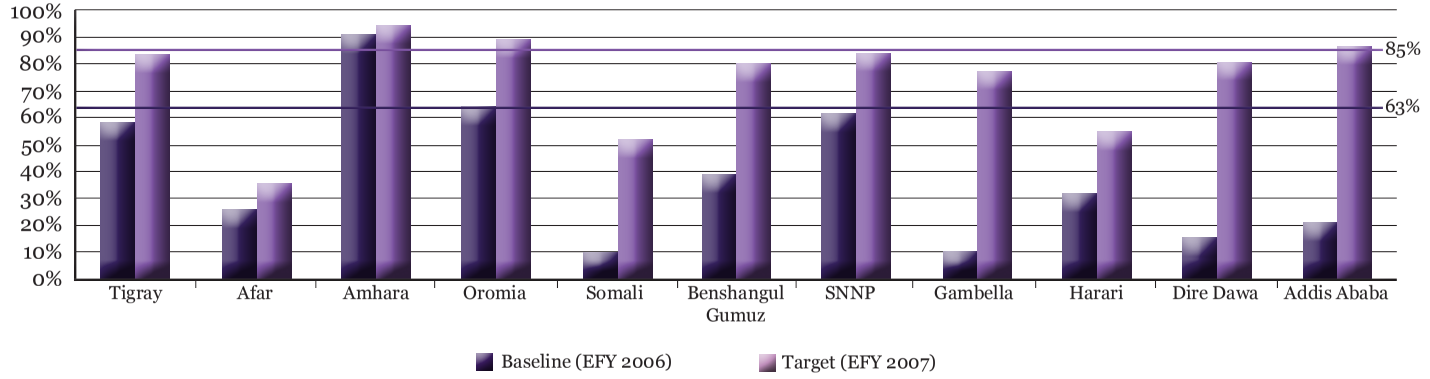


Table 2: Contraceptive Acceptance Rate, EFY 2007 target by Region

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	Addis Ababa	National
Eligible		1,014,033	343,394	4,126,718	6,276,820	1,076,225	207,935	3,625,958	94,479	53,383	107,272	1,056,843	17,983,059
Target	#	850,457	124,679	3,900,825	5,558,677	564,066	165,827	3,068,194	73,219	29,396	87,497	917,527	15,340,364
	%	84%	36%	95%	89%	52%	80%	85%	77%	55%	82%	87%	85%

Fig 4: Antenatal Care 4+ Coverage by Region:

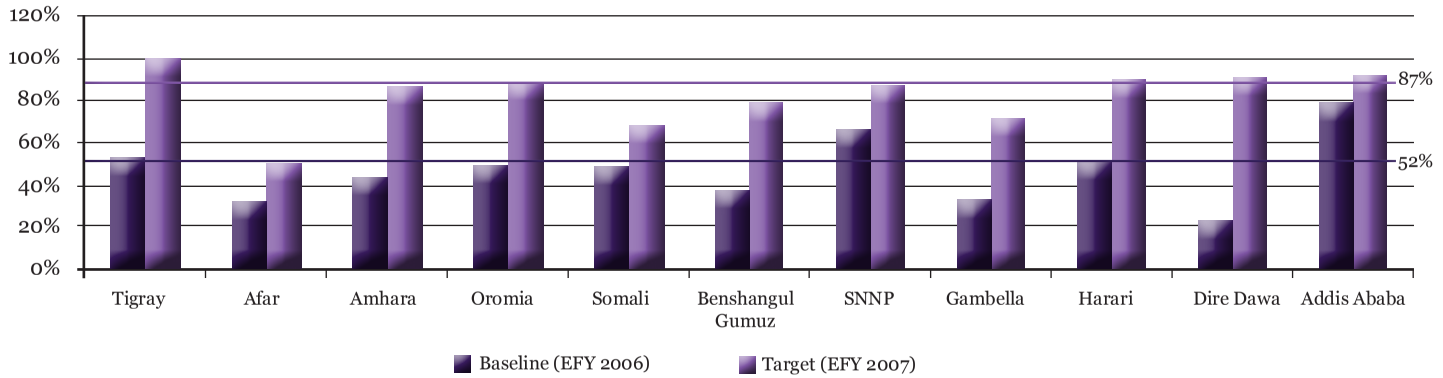


Table 3: Antenatal Care 4+, EFY 2007 target by Region

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible		173,892	49,450	687,446	1,169,112	172,283	34,271	632,350	12,270	7,169	14,168	76,308	3,028,718
Target	#	173,364	24,987	594,018	1,042,050	118,907	27,208	554,254	8,819	6,444	12,884	70,279	2,633,215
	%	100%	51%	86%	89%	69%	79%	88%	72%	90%	91%	92%	87%

Fig 5: Delivery service by skilled birth attendants, coverage by Region:

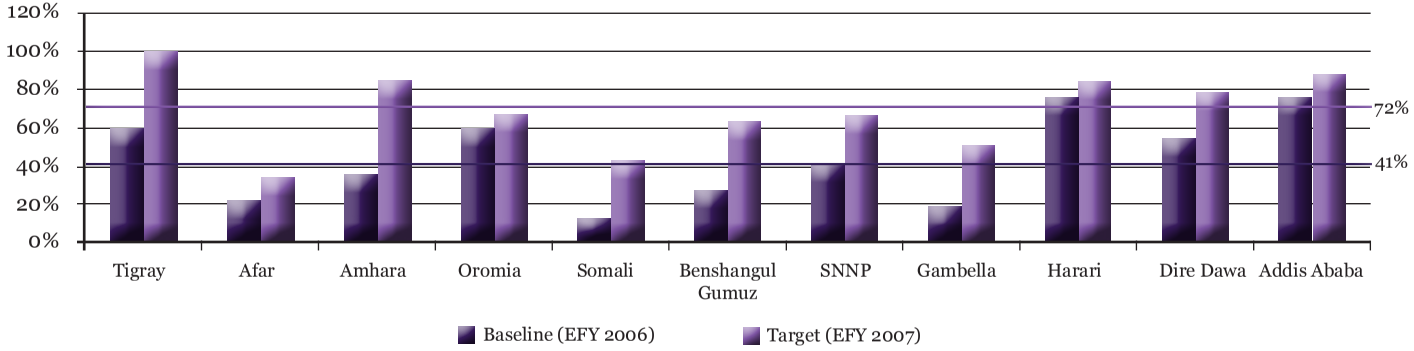


Table 4: Delivery service by skilled birth attendants, EFY 2007 target by Region

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	Addis Ababa	National
Eligible		173,892	49,450	687,446	1,169,112	172,283	34,271	632,350	12,270	7,169	14,168	76,308	3,028,718
Target	#	173,892	17,009	587,559	787,554	74,253	21,807	422,108	6,248	6,018	11,101	67,203	2,174,752
	%	100%	34%	85%	67%	43%	64%	67%	51%	84%	78%	88%	72%

Table 5: kebeles declared 'home delivery free', EFY 2007 target by region

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	Addis Ababa	National
Eligible		725	175	3,210	17,285	841	477	4,151	911	37	43	607	28,462
Target	#	725	43	1,608	12,178	292	169	1,436	120	32	36	591	17,230
	%	100%	25%	50%	70%	35%	35%	35%	13%	86%	84%	87%	61%

Table 6: Postnatal Care, EFY 2007 target disaggregated by Region

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	Addis Ababa	National
Eligible		173,892	49,450	687,446	1,169,112	172,283	34,271	632,350	12,270	7,169	14,168	76,308	3,028,718
Baseline (EFY 2006)	#	111,896	16,030	373,217	841,178	54,360	13,179	434,961	1,690	5,106	5,106	41,259	1,897,982
	%	66%	33%	55%	74%	32%	40%	70%	14%	73%	37%	55%	66%
Target (EFY 2007)	#	173,892	16,676	603,573	1,025,430	91,848	30,675	521,674	7,050	6,873	11,417	60,716	2,549,825
	%	100%	34%	88%	88%	53%	90%	82%	57%	96%	81%	80%	84%

Table 7: PMTCT

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	Addis Ababa	National
Percentage of pregnant and lactating women who were tested for HIV and who know their results													
Eligible		173,892	49,450	687,446	1,169,112	172,283	34,271	632,350	12,270	7,169	14,168	76,308	3,028,718
Baseline (EFY 2006)	#	135,684	21,884	430,241	671,763	35,951	12,044	498,004	3,318	6,117	6,117	67,324	1,888,447
	%	80%	45%	64%	59%	21%	36%	81%	28%	88%	44%	90%	65%
Target (EFY 2007)	#	173,784	23,262	620,452	1,006,039	94,174	27,006	545,487	5,451	6,253	13,667	76,308	2,591,881
	%	100%	47%	90%	86%	55%	79%	86%	44%	87%	96%	100%	86%
Number of HIV Positive pregnant and lactating women who received ART at ANC+L&D+PNC for the first time based on option B+													
Baseline (EFY 2006)		217	21	782	465	11	14	196	26	10	20	277	2,039
Target (EFY2007)		2,573	1,547	7,424	9,907	2,853	299	4,589	701	153	361	1,997	32,404
Percentage of infants born to HIV-infected women receiving antiretroviral (ARV) prophylaxis for prevention of mother-to-child transmission (PMTCT)													
Eligible		2,817	1,548	8,249	11,107	3,170	336	4,996	752	175	426	2,221	35,796
Baseline (EFY 2006)	#	2,002	249	3,020	2,518	53	98	797	101	40	135	1,099	10,112
	%	68%	27%	34%	21%	2%	22%	15%	15%	25%	36%	63%	61%
Target (EFY 2007)	#	2,817	1,024	8,247	7,823	2,006	255	4,554	51	175	256	2,172	29,380
	%	100%	66%	100%	70%	63%	76%	91%	7%	100%	60%	98%	82%

PERFORMANCE MEASURES:

- Increase Penta3 coverage from 91% to 98% (2.7 Millions); Measles from 87% to 95% (2.7 Millions); Rota two to 97%; PCV3 from 86% to 98% (2.7 Millions); Fully immunization from 83% to 95% (2.7 Millions); and PAB coverage from 75% to 85%.
- IMNCI service expansion from 84% to 98%.

STRATEGIC INITIATIVES TO STRENGTHEN CHILD HEALTH SERVICES

- Strengthen the routine immunization program using the health development army
    - Improve and strengthen vaccine cold chain management and vaccine utilization
    - Introduce Tetanus diphteria (Td) vaccine in selected zones (two pilot zones)
    - Provide special support to zones with low EPI coverage, high unimmunized children, and outbreak occurrence
    - Introduce new vaccine (Rota vaccine in the routine programme of Somali region; start preparatory activities to introduce the IPV)
    - Preparation to introduce Inactivated Polio Vaccine (IPV)
    - Conduct a campaign to provide Meningococcal vaccine for 26,000,000 targeted population aged 1-29 years of ages in 42 zones

- Prevent & control polio & measles outbreak
- Expand and strengthen IMNCI in all health centers
- Scale up and strengthen community based child health activities
- Fully scale up iCCM implementation in pastoralist

Fig 6: Penta 3 immunization coverage by Region:

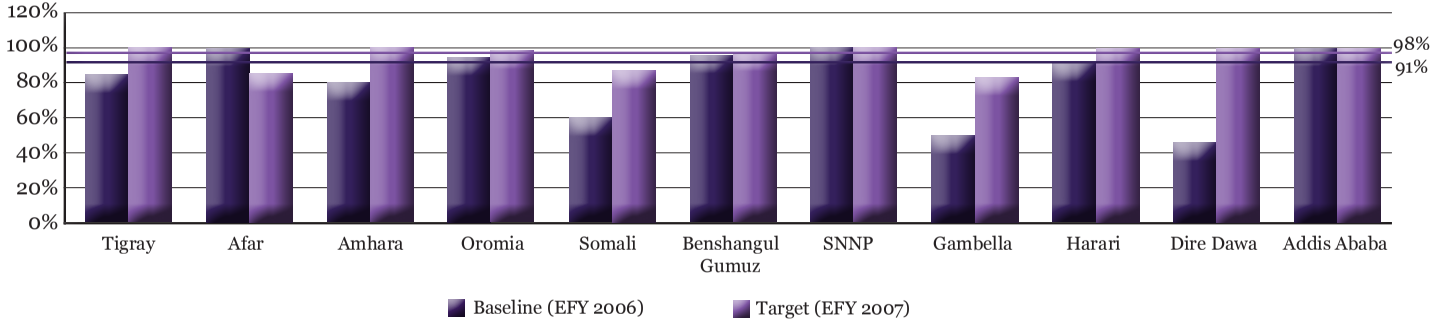


Table 8: Penta 3 immunization, EFY 2007 target by Region

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible		162,763	46,285	635,200	1,083,767	160,051	30,809	583,026	11,337	6,710	13,318	73,255	2,806,523
Target	#	162,763	39,227	631,039	1,062,599	139,161	29,744	581,494	9,368	6,710	13,235	73,255	2,748,594
	%	100%	85%	99%	98%	87%	97%	100%	83%	100%	99%	100%	98%

Fig 7: Surviving infants vaccinated for PCV-3, coverage by Region:

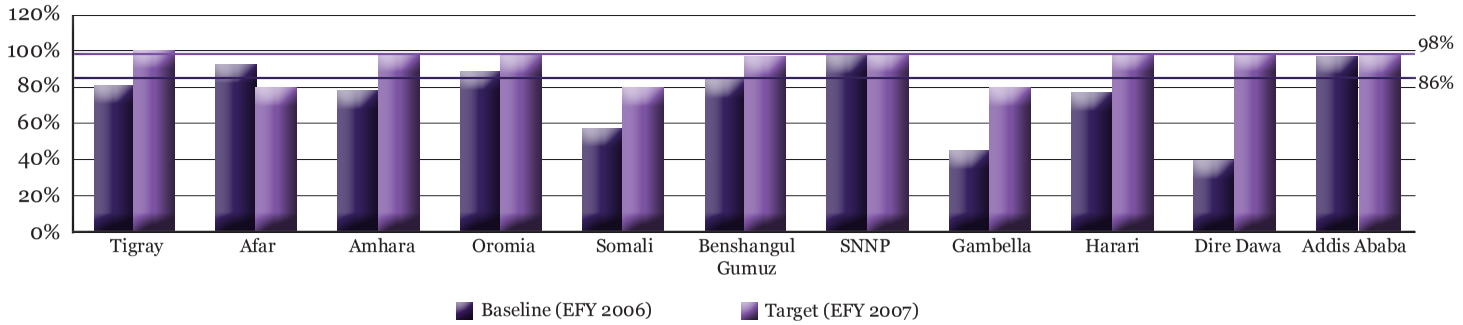


Table 9: Surviving infants vaccinated for PCV-3, EFY 2007 Target by Region:

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible		162,763	46,285	635,200	1,083,767	160,051	30,809	583,026	11,337	6,710	13,318	73,255	2,806,523
Target	#	162,763	39,227	631,039	1,062,599	139,161	29,744	581,494	9,368	6,710	13,235	73,255	2,748,594
	%	100%	84%	99%	98%	85%	97%	100%	81%	100%	99%	100%	98%

Fig 8: Rotavirus vaccine 2nd dose (Rota2) immunization (< 1 year), coverage by Region:

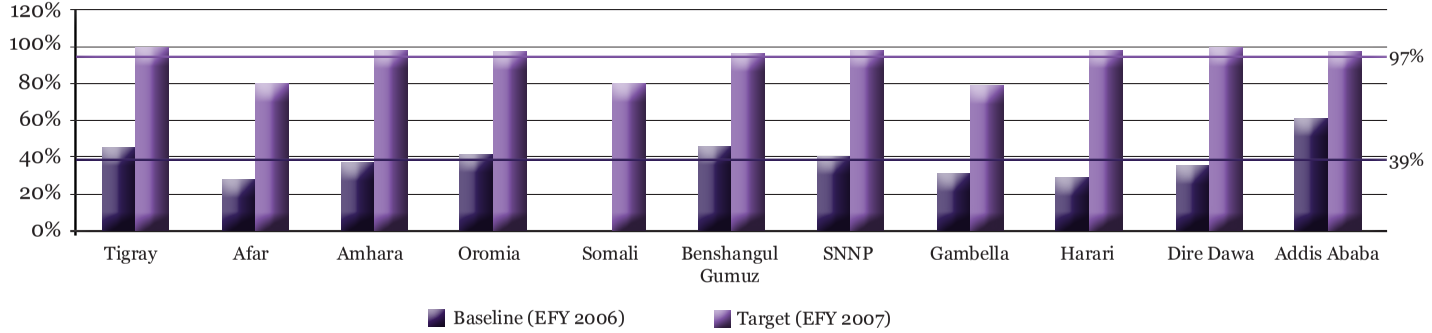


Fig 10: Rotavirus vaccine 2nd dose (Rota2) immunization (< 1 year), EFY 2007 Target by Region:

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible		162,763	46,285	635,200	1,083,767	160,051	30,809	583,026	11,337	6,710	13,318	73,255	2,806,523
Target	#	162,012	36,729	626,077	1,059,949	128,395	29,744	571,709	8,917	6,598	13,190	71,560	2,714,880
	%	100%	79%	99%	98%	80%	97%	98%	79%	98%	99%	98%	97%

Fig 9: Measles immunization coverage by Region:

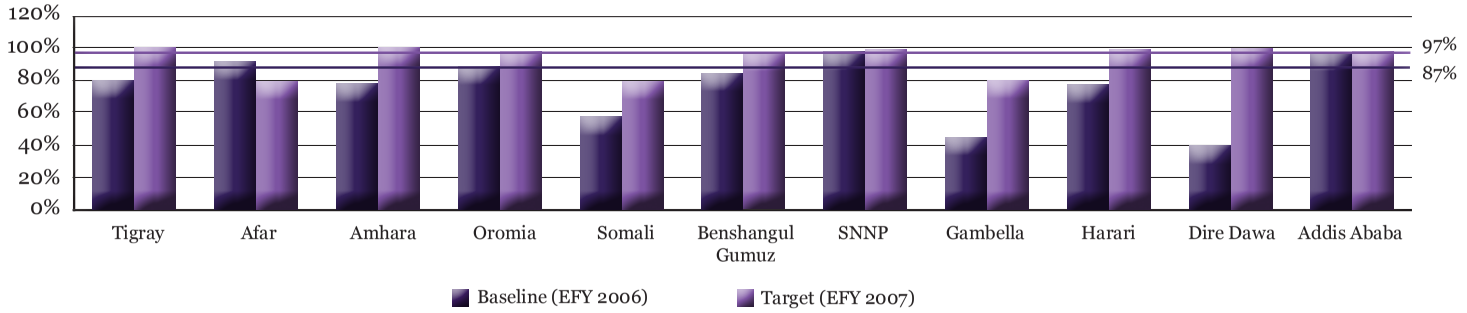


Table 11: Measles immunization, EFY 2007 target by Region:

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible		162,763	46,285	635,200	1,083,767	160,051	30,809	583,026	11,337	6,710	13,318	73,255	2,806,523
Target	#	163,071	35,782	625,267	1,029,110	124,186	27,859	572,638	9,202	6,660	12,548	73,255	2,679,578
	%	100%	79%	99%	98%	80%	97%	98%	79%	98%	99%	98%	97%

Fig 10: Infants fully immunized, coverage disaggregated by Region:

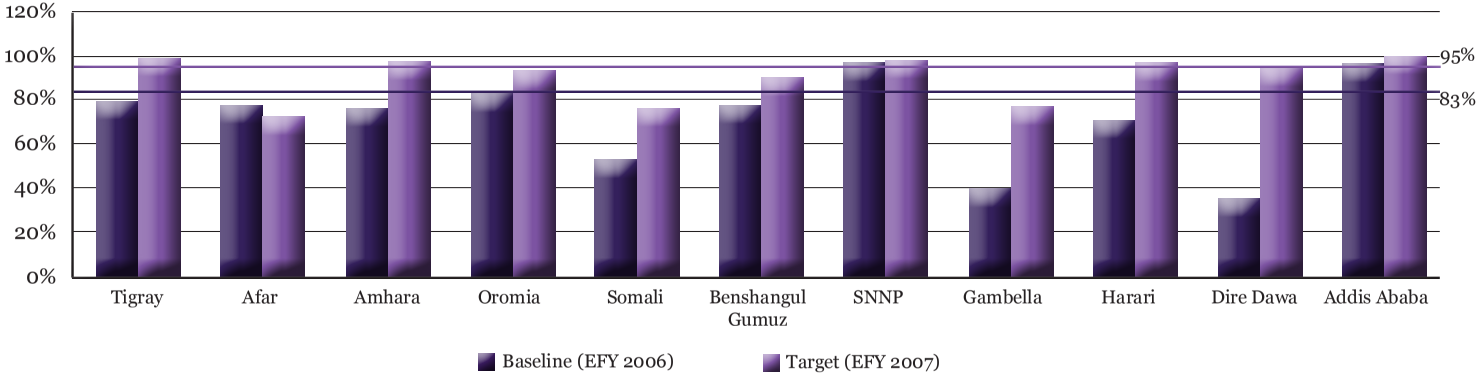


Table 12: Infants fully immunized, EFY 2007 target disaggregated by Region

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible		162,763	46,285	635,200	1,083,767	160,051	30,809	583,026	11,337	6,710	13,318	73,255	2,806,523
Target	#	162,012	33,743	622,299	1,017,419	122,442	27,859	570,713	8,746	6,547	12,548	73,255	2,657,582
	%	100%	73%	98%	94%	77%	90%	98%	77%	98%	94%	100%	95%

PERFORMANCE MEASURES:

- Improve vitamin A service coverage among children aged from 6-59 months from 72 % to 99 % (12,140,824); and Deworming among children aged 2-5 years from 82% to 97% (8.3 million)

STRATEGIC INITIATIVES TO STRENGTHEN COMPREHENSIVE AND INTEGRATED NUTRITION SERVICE

- Develop quick reference book for health development army to support nutrition intervention at community levels; and for health worker who will be supporting Health extension workers through Health center and health post net
- Avail nutrition screening materials for 6000 Health posts
- Support Health Extension Workers on nutrition information handling
- Integrated and comprehensive community based nutrition program (CCBN)in the 700 woredas of the three urban and four Agrarian regions
- Routine HEP delivery of vitamin A, de-worming, and nutritional screening in the 700 woredas of the three urban and four Agrarian regions (CHD transition to HEP)
- Develop comprehensive and integrated community based nutrition implementation package for emerging regions
- Expand CMAM service (increase OTP service from 8097 HP to 15,000; SC service from 473 HCs/hospitals to 2000)
- Awareness creation activities on the use of iodized salt
- Support the implementation of National food fortification

Table 13: Children 6-59 months of age who received two doses of Vitamin A, EFY 2007 target

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	Addis Ababa	National
Eligible		654,401	163,168	2,627,391	5,053,800	564,827	157,584	2,547,674	58,283	31,482	53,768	354,028	12,266,406
Baseline (EFY 2006)	#	69,743	24,615	617,715	2,424,167	16,453	47	890,126	10	9,636	5,315	80,892	4,138,719
	%	41%	51%	96%	197%	12%	0%	143%	0%	126%	41%	61%	131%
Target (EFY 2007)	#	654,401	148,344	2,621,931	5,038,774	491,053	157,584	2,532,909	57,331	30,702	53,768	354,028	12,140,824
	%	100%	91%	100%	100%	87%	100%	99%	98%	98%	100%	100%	99%

Table 14: Children 2-5 years of age Dewormed twice, EFY 2007

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	Addis Ababa	National
Eligible		404,400	131,994	1,732,819	3,612,208	435,614	104,095	1,906,450	38,086	19,880	35,308	145,515	8,566,371
Baseline (EFY 2006)	#	46,006	16,389	428,119	1,647,729	16,616	165	622,640	30	5,558	2,262	-	2,785,514
	%	40%	52%	101%	187%	16%	1%	134%	0%	115%	26%	0%	125%
Target (EFY 2007)	#	404,400	115,610	1,727,266	3,526,721	364,929	104,094	1,873,948	34,439	19,408	34,552	142,418	8,347,786
	%	100%	88%	100%	98%	84%	100%	98%	90%	98%	98%	98%	97%

PERFORMANCE MEASURES:

- Increase Latrine construction coverage from 63% to 94%;
- Increase ODF kebeles coverage from 22% to 57%

STRATEGIC INITIATIVES

- Strengthen Community Led Total Sanitation and Hygiene (CLTSH) and increase number of Open Defecation Free (ODF) kebelles
- Strengthen hygiene and environmental health promotion activities
- Strengthen integrated urban sanitation and hygiene
- Strengthen water quality control and surveillance
- Improve institutional hygiene and sanitation (school and health institutions)
- Implement sanitation marketing
- Develop 2016-2020 Environmental health & hygiene strategic aligned with HSTP

Table 15: Household with latrine, EFY 2007 target by region

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	Addis Ababa	National
Total number of HHs		1,148,864	302,281	4,743,953	7,019,167	826,061	223,333	3,729,796	88,913	59,487	97,778	798,780	19,038,413
Baseline (EFY 2006)	#	1,025,706	26,606	4,218,015	6,097,346	329,066	58,038	3,345,264	28,020	45,692	26,765	444,698	15,645,216
	%	91%	9%	87%	89%	41%	27%	92%	33%	79%	28%	57%	63%
Target (EFY 2007)	#	1,148,864	210,625	4,721,726	6,789,787	240,919	217,905	3,576,808	69,214	56,664	79,475	689,405	17,801,392
	%	100%	70%	100%	97%	29%	98%	96%	78%	95%	81%	86%	94%

Table 16: Number of "Open Defecation Free" Kebelle, EFY 2007 target by region

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	Addis Ababa	National
Number of Kebelle		723	365	3,131	5,986	870	477	4,024	85	35	40	13	15,749
Target (EFY 2007)	#	667	73	2,567	1,927	251	285	3,015	53	34	33	-	8,905
	%	92%	20%	82%	32%	29%	60%	75%	62%	97%	83%	0%	57%

2.5.1. HIV/AIDS PREVENTION AND CONTROL

PERFORMANCE MEASURES:

- Provide HIV testing and counseling to 11.1 million people
- Increase number of currently on ART HIV clients from 344,344 to 434,080 out of the eligible
- Increase number of under 15 children currently on ART from 23,000 to 53,550 out of the eligible
- Increase the number of patients on 2L ART from 1.8% to 2.2%
- Increasing IPT coverage from 5.5% to 60%

STRATEGIC INITIATIVES

- Strengthen community based HIV prevention and control
  - Condom distribution and utilization
- Strengthen HIV testing and counseling
  - Celebrate world HTC day by "Intensifying pediatric testing and counseling"
- Strengthen male circumcision services in SNNPR and Gambella regions and provide service to at least 42,000men
- Strengthen and improve prevention and control of STIs
- Strengthen HIV pediatrics care and treatment accessibility by providing ART for 23,000 under 15 children
  - Pediatrics accelerated plan implementation
  - Introduce ART for under 15 children and support through mentoring
  - Linking with OVC diagnosed with HIV for care and treatment
- Strengthen Second line ART treatment services and increase the proportion of patients on 2L ART from 1.8% to 2.2%
  - Improve health provider awareness on 2L treatment
  - Strengthening viral load service
- Implementation of transition plan and assure smooth transition in all region
  - Review best experiences in implementing the transition plan and share to all regions
- Strengthen TB/HIV collaborative activities and increasing IPT coverage to 60%

Table 17: Number of individuals Tested and counseled for HIV and who received their test results, EFY 2007 target by region

	Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	Addis Ababa	National
Baseline (EFY 2006)	645,251	74,865	3,076,745	2,361,865	164,137	42,095	2,766,416	9,695	60,000	65,038	300,986	9,567,092
Target (EFY 2007)	409,254	135,493	3,000,693	4,190,103	271,939	98,692	2,522,870	32,030	50,000	84,610	339,406	11,135,091

Table 18: Number of PLHIV ever started on ART, EFY 2007 target by region

	Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	Addis Ababa	National
Baseline (EFY 2006)	46,098	5,920	139,995	115,315	3,443	4,530	38,841	5,702	5,304	8,213	105,638	492,649
Target (EFY 2007)	60,451	9,040	158,247	202,134	3,687	6,647	70,311	14,627	5,406	8,967	106,817	646,333

Table 19: Number of adults and children receiving Anti Retroviral Therapy (ART), EFY 2007 target by region

	Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	Addis Ababa	National
Baseline (EFY 2006)	31,949	3,320	102,088	80,786	1,727	3,279	26,260	4,169	3,392	5,628	74,661	344,344
Target (EFY 2007)	27,640	9,713	115,526	110,504	18,611	3,929	51,863	8,942	3,491	7,361	76,500	434,080

2.5.2. TB AND LEPROSY PREVENTION AND CONTROL

PERFORMANCE MEASURES:

- Increase TB Case Detection Rate from 54% to 82%
- Maintain TB treatment Success Rate at/above 94%
- Enroll 1500 MDR-TB cases
- 3,500 leprosy case detection and enroll to treatment

STRATEGIC INITIATIVES

- Community Based TB Prevention and Control service expansion to all Health Posts
    - Community awareness on health seeking behavior regarding to TB
    - Engage HEW on TB suspect identification and referral, improve quality of DOT practice in health post
    - Involve Civil Society and NGO on community based TB care Activities
- Expand TB diagnostic and treatment services into Federal and Zonal prisons; private for profit, work place, faith based and NGO health facilities
- Provide education on TB prevention and control by using different communication means
- Strengthen and expansion of TB Diagnostic Service
    - Strengthening of AFB Smear Microscope services
    - Increase the number of TB diagnostic laboratory EQA Participation from 1500 to 2600
    - Strengthening of sample referral and laboratory networking
    - Strengthen and expand Culture and DST Diagnostic service
    - FNA Cytology Service expansion in 90 hospitals
    - GeneXpert MTB/RIF Diagnostic Service Expansion
    - Radiology Reading Service Expansion

- Strengthen childhood TB case finding and treatment and screen 78,868 children for TB
    - Develop National Roadmap for the prevention and control of childhood tuberculosis
    - Integrate child hood TB cases finding in all service delivery outlets (under five clinic, Pediatric ART, MCH clinic)
- Strengthen and expand MDR-TB Service and treat 1500 MDR TB patients
    - Improve Quality of MDR TB patient care through developing and implementing MDR TB standard of care, conduct biannual MDR TB site visits, Support and perform follow timely performance of MDR-TB clinical supervision, mentoring visits and CAMs.
    - Expand MDR TB TIC services at zonal level (expansion of MDR TB TFCs at HF level; Initiate MDR TB diagnostic and treatment services into Federal, Regional and Zonal prisons and federal police; MDR TB treatment service at selected university hospitals)
    - Prepare and distribute MDR TB provider tool kits and strengthen MDR TB logistics management
- Strengthen TB/HIV collaborative activities and all HIV co infected TB patients will be put on ART
    - Based on the result of national TB/HIV and DOTs assessment, develop and implement TBL and TB/HIV a package of standard of care
    - Develop accelerated plan for IPT implementation in heavy load ART sites and hospitals
    - Provide ART for all HIV positive TB patients
    - Screen 136,904 presumptive HIV positive clients for TB using GeneX-pert
    - Prepare implementation strategy manual on Blended learning strategy on TB, TB/HIV and MDR TB and provide training for 1000 health care providers
- Strengthen leprosy diagnosis and treatment service and provide MDT treatment for 3500 leprosy patients

Fig 11:TB case detection rate (all forms) disaggregated by Region:

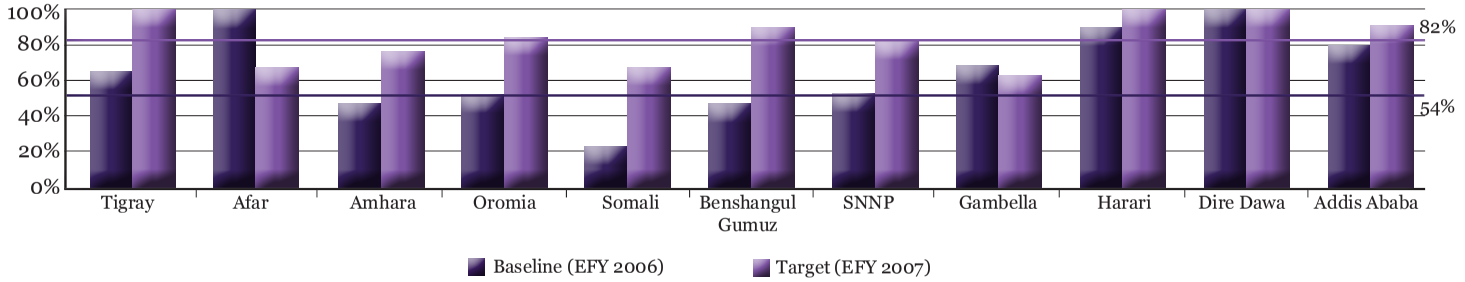


Table 20:TB case detection rate (all forms), EFY 2007 target disaggregated by Region

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	Addis Ababa	National
Total Expected		12,486	4,256	50,386	83,219	13,466	2,482	45,142	1,010	573	1,087	8,089	222,196
Target (EFY 2007)	#	12,486	2,866	38,492	70,084	9,182	2,239	37,391	638	573	1,087	7,373	182,410
	%	100%	67%	76%	84%	68%	90%	83%	63%	100%	100%	91%	82%

Fig 12:TB treatment success rate, Coverage by Region:

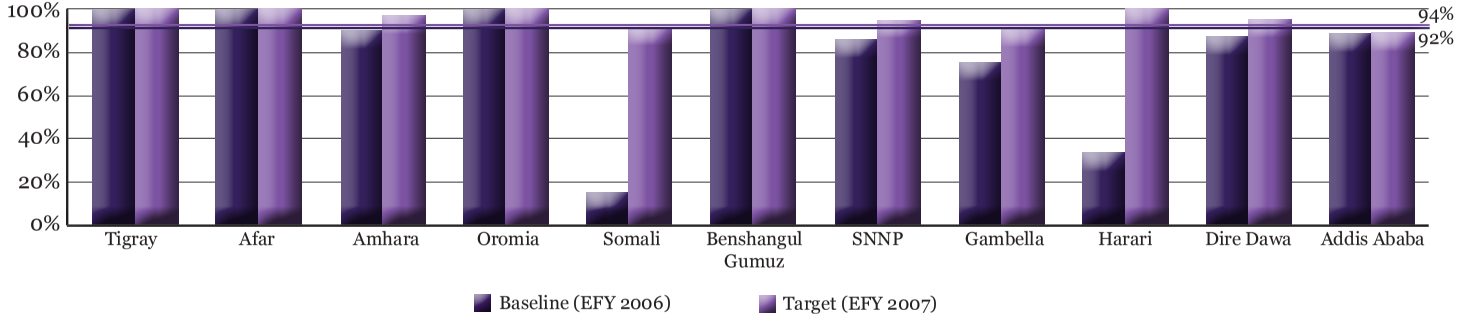
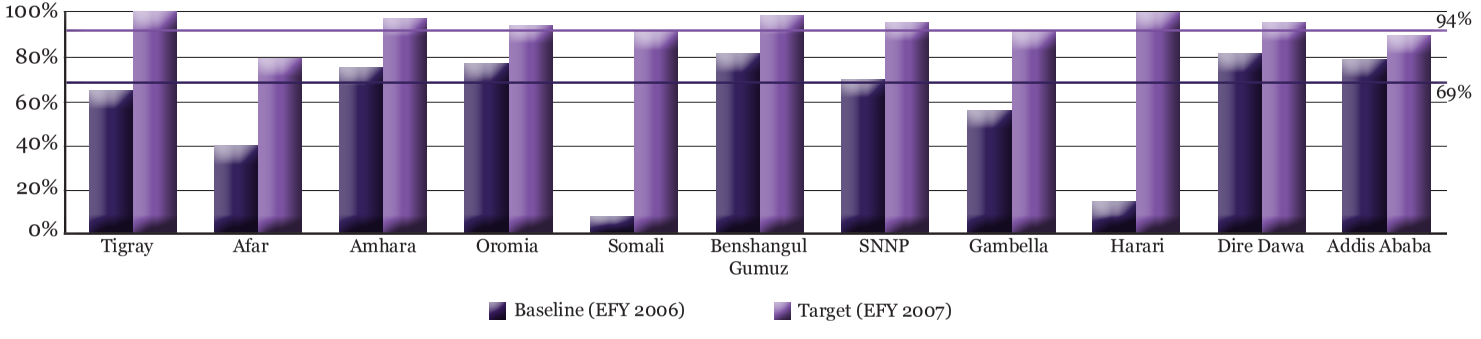


Fig 13:TB treatment cure rate, Coverage by Region:



2.5.3. MALARIA PREVENTION AND CONTROL

PERFORMANCE MEASURES:

- To reduce malaria attributed mortality from 2464 to 2094
- To reduce malaria attributed morbidity from 5.28 million to 5.14 million
- To protect 15.4 million and 53.2 million population from malaria through spraying 5.4 million unit structures and distribution of 29.5 million LLINs, respectively

STRATEGIC INITIATIVES

- Community awareness on malaria prevention and control
  - Support 400 schools located in high malaria risk areas to establish school anti malaria clubs to strengthen malaria prevention and control
  - Commemorate World malaria day
- Strengthen integrated vector control activities (Environmental control, LLINS distribution and Use and IRS)
  - Support HDA on environmental control - identifying, mapping and targeting breeding sites to proactively manage and control the unnecessary water bodies that trigger malaria transmission right after rainy seasons
  - Distribute 3,500 liters of abate chemical for the areas that cannot be treated using environmental management
  - Spray 5.4 million unit structures timely and monitor for quality of the spray operation
  - Distribute 29.5 million Nets
  - Develop national insecticide resistance management strategy document
- Strengthen systems of the Community IRS at grassroots level.
  - Establish efficient Community IRS systems at kebele level.

- Strengthening malaria diagnosis and Treatment.
  - Avail logistics and Human resource development pertaining to malaria prevention and control
  - Distribute 6.8 million treatment doses of Coartem, 11.17 million treatment doses of CQ, 35,000 Artisunate injection and 14,300,000 RDTs
  - Conduct training on RDT external quality assessment to 30 Health center laboratory professionals
- To lay ground work for malaria eliminating in selected areas
  - Put in place preliminary works in 25 of the selected 50 districts for malaria elimination
- Strengthen Monitoring and evaluation
  - Facilitate the implementation of Drug efficacy studies
  - Establish 4 sentinel sites out of the planned 10 in the period of the NSP
  - Conduct 2008 /2015 Malaria indicative survey
  - Conduct Mosquito behavioral and species distribution study
  - Organize and follow up the Insecticide efficacy studies

Table 21: Proportion of unit structures covered by IRS, EFY 2007 target by region

		Tigray	Afar	Amhara	Oromia	Somali	Benshangul Gumuz	SNNP	Gambella	Harrari	Dire Dawa	National
Eligible Structure		635,040	181,089	2,221,644	3,023,846	631,872	331,193	2,447,158	52,514	24,558	36,417	9,585,331
EFY 2007 Target	#	374,122	28,778	1,246,023	1,389,424	254,585	89,285	1,068,724	47,325	37,097	28,101	5,402,823
	%	59%	16%	56%	46%	40%	27%	44%	90%	151%	77%	56%

2.5.4. OTHER COMMUNICABLE DISEASES AND NTDS PREVENTION AND CONTROL

PERFORMANCE MEASURES:

- Reach 100% geographic coverage of endemic districts with PCT
- Reach 85% therapeutic coverage in endemic districts (PCT diseases)
- Conduct 100% NTD mapping

STRATEGIC INITIATIVES

- Public awareness and participation in NTD prevention
- Revising the NTDs masterplan based on the new mapping results
- Integrate NTD program into the existing health system
  - Building capacity at every level and systematically identifying and addressing strategic issues for integration
- Integrate mass drug administration (Preventive chemotherapy)
  - Woreda level quantification of PCT drugs and timely submission of all requests to WHO and trachoma drug request to ITI
  - Treating eligible people in all endemic areas through health development army and health extension workers
- Develop capacity to fully clear the country's TT surgery backlog within 1.5 years
- Provision of morbidity management and disability prevention service of lymphatic filariasis and podoconiosis (LF/Podo)
- Leishmaniasis –service expansion and integrating treatment into the health care delivery system
- Onchocerciasis- delineating endemic areas
- Integrated and targeted vector control for Leishmaniasis and Onchocerciasis (Establishing Onchocerciasis technical advisory committee; supporting researches on vector control, contributing to Leishmaniasis and Onchocerciasis programs; training for zonal and woreda health personnel working in Leishmaniasis and Onchocerciasis endemic areas
- Finalizing remaining NTD mapping surveys and establishing sentinel

2.5.5. NON COMMUNICABLE DISEASES (NCD) PREVENTION AND CONTROL

PERFORMANCE MEASURES:

- Increase proportion of health centers providing integrated mental health services to 33%

STRATEGIC INITIATIVES

- Strengthen cancer prevention and control
  - Strengthen prevention and control of major female cancers
- Collaborate with National Cancer Committee, CSOs and partners to advocate on cancer
- Expand and strengthen cervical cancer diagnosis and treatment
- Develop awareness raising messages on breast cancer
  - Expansion of Radiotherapy and Chemotherapy services in five university hospitals
  - Prevention and control of viral hepatitis
- Strengthen awareness raising activities on NCDs
  - Develop and disseminate awareness raising messages on prevention of major non-communicable diseases(CVDs, diabetes, cancer and asthma)
  - Revise NCD component of Urban Health Extension Packages
- Develop Strategic documents and guidelines for the prevention and control of major non-communicable diseases
  - Finalize national strategic plan for prevention and control of NCDs and launch the program
  - Develop National Cancer Control Strategic action Plan
  - Develop treatment protocol for major NCDs
  - Finalize cervical cancer screening guideline and training manual
  - Develop strategic plan for injury prevention and launch the program

- Integrate management of major non-communicable diseases with primary health care services
- Finalize and disseminate studies conducted on NCDs (STEPS survey, assessment about the level of awareness and potential contribution of stakeholders on NCDs and their risk factors)
    - Strengthen mental health services
    - Integrate mental health services with primary health care
    - Conduct awareness creation activities
    - Conduct quantification exercise for essential mental health commodities

F1. MAXIMIZE RESOURCE MOBILIZATION AND UTILIZATION

PERFORMANCE MEASURES:

- Resourced 2007 EFY plan with 90% secured budget
- 85% of health facilities implemented HCFR
- Increase number of pilot woredas implementing community based health insurance from 13 to 174

STRATEGIC INITIATIVES

- Mobilize sufficient financial resource to meet health sector goals
    - Resource allocation for the 2007 EFY plan based on available data from resource mapping and government budget allocation
    - Identify priority activities and allocate MDG pool fund plan
    - Mobilize finance based on financial gap
- Conduct resource mapping for 2008 EFY and for Health Sector Transformation Plan (HSTP)
- Perform resource tracking and management
- Strengthen implementation of health care financing strategy
    - Finalize the revision of health care financing strategy
    - Institutionalization of NHA
    - Revise user fee for federal hospitals
    - Revise exempted services package
    - General subsidy for CBHI implementation

- Strengthen Partnership on areas of PPPH, Bilateral issues and Diaspora engagement
    - Coordinate & facilitate knowledge and skill transfer through Diaspora and volunteers engagement in the health sector
    - Establish strong public private partnership in the health sector
- Strengthen preparations for Social Health Insurance implementation (member registration and issue ID to potential beneficiaries; finalize and approval of guidelines; contractual agreement with service providers/ health facilities that fulfill the minimum standard
- Strengthen and expand community based health insurance

P1. IMPROVE QUALITY OF HEALTH SERVICES

PERFORMANCE MEASURES

- Increase hospital reform standards implementation from 76% to 85%
- Increase Bed Occupancy Rate (BOR) from 59% to 75%
- Maintain inpatient mortality rate below 5%
- Reduce hospital maternal mortality by 50%
- Increase emergency patient triaged and treated with in 5 minute to 80%
- Increase patient satisfaction from 7.9/10 to 8.5/
- Ensure 100% voluntary blood donation at national level
- Twenty laboratories accredited.
- One hundred eighty five (185) laboratories enabled with WHO/AFRO stepwise (SLIPTA) program to achieve 1 to 5 star levels.

STRATEGIC INITIATIVES TO IMPROVE QUALITY OF HEALTH SERVICES

- Revise and Implement Ethiopian hospital reform Implementation guideline in all hospitals and implement health center reform
- Implement "Clean and safe health facility" campaign
- Ensure quality of surgical service through implementation of preoperative guideline

- Strengthen private wing service by implementing the new guideline
- Strengthen hospital leadership and governance
- Strengthen the quality of nursing and infection Prevention and Patient Safety (IPPS)
- Strengthen Medical Equipment Management system
- Implement Auditable Pharmaceuticals and Transaction Service
- Implement Ethiopian Hospitals Alliance for Quality (EHAQ)
- Implement pediatric service quality improvement projects
- Implement referral system initiatives
- Strengthen pre facility emergency service indeed
- Strengthen facility based emergency service
- Monitor and support Addis Ababa Emergency coordinating team and prepare for scale up
- Strengthen specialty service like ICU, Trauma and Burn service etc…
- Design quality management strategy for the country
- Implement Laboratory and diagnostic service improvement project
- Strengthening National laboratories towards Accreditation

ADEQUATE AND SAFE BLOOD SUPPLY

- Strengthen marketing & communication on voluntary blood donation
  - Voluntary blood donation promotional, motivation & retention strategy document preparation & printing
  - Prepare donor organizers forum for 600 organizers in Addis Ababa
  - Strengthen donor education and mobilization
- Ensuring adequate and safe blood supply nationally
  - Collect and test 160,000 units blood throughout the country (67,000 units at NBTS and 93,000 units at regional Blood banks)
  - Prepare 50% of blood components from the total collection
  - Establish and strengthen 8 regional blood bank capacities to prepare blood components
- Ensure safe transfusion service in transfusing hospitals
- Strengthen BTS Quality Assurance system

P2. IMPROVE PUBLIC HEALTH EMERGENCY PREPAREDNESS AND REPONSES

PERFORMANCE MEASURES:

- 100% health events communicated to relevant bodies within specified period.
- 100% PHE with prevention and control measures initiated within 3hrs of identification of risk and characterization of threats
- 100% rehabilitated and recovered affected population and/or health system after major PHE

STRATEGIC INITIATIVES

- Timely dispatch of alert and /or warning
- Risk communication
- Outbreak investigation and mitigation
- Recovery and Rehabilitation

P3. IMPROVE REGULATORY SYSTEM

PERFORMANCE MEASURES:

- Evaluate 360 Product Dossiers for clearing the backlog.
- 13 Discussion forums with public and 8 Public mobilization sessions to combat illegal trade.
- Inspect 14 domestic medicine and 150 foreign medicine manufacturers for GMP
- Provide/renew COC for 396 domestic food, medicine and cosmetic manufacturers
- Registering & providing professional licenses for 3,000 new health professionals and renewing 1,500 health professionals' license
- Conduct 1200 product samples for post market and 732 samples for pre market.

STRATEGIC INITIATIVES

- Promote community satisfaction
  - conduct assessments on public satisfaction on health regulatory and products
- Dossier Evaluation and Registration
  - Dossier evaluating and authorization of new food documents with the registration requirement; evaluating re-registration on Food, modern medicines, & medical equipment; and market authorization for dossiers comply with the registration requirement
- Strengthening regulatory capacity by establishing one new branch and constructing office/lab for existing one branch.
- Provision of pre import permit for medicines and medical equipment
- Conduct inspection on food, medicine, medical equipment manufacturers
- Improve product quality assurance system of domestic food manufacturers
- Conduct surveillance and inspection on high risk foods and cosmetics produced locally
- Provide/renew COC for domestic food, medicine and cosmetic manufacturers
- Conduct quality control testing on medicines and Food quality for pre and post market
- Import authorization for products (food, medicines, medical supplies, cosmetics)
- Provide health certificate for exported products after checking safety and quality issues
- Build internal quality management system in 75 food, medicine & medical equipment importers & distributers
- Ensure appropriate disposal of unfit for use products
- Health institutes service quality improvement
  - Provision of COC for organizations complied with the standard by conducting pre-inspection
  - Renewal of COC for organizations complied with the standard
- Expanding and maintaining the scope of accreditation of the main laboratory

P4. IMPROVE PHARMACEUTICAL SUPPLY AND SERVICES

PERFORMANCE MEASURES:

- Ensure availability of essential pharmaceuticals and medical supplies to 100%
- Reduce procurement lead time from 200 to 120 days
- Minimize wastage rate to 2%
- Establish storage and distribution centers within a range of 180km to 300 km across the country

STRATEGIC INITIATIVES

- Avail Birr 8,485,116,381.00 worth of pharmaceuticals and medical supplies by procuring:-
  - Birr 1,931,875,994.00 worth of Pharmaceuticals and medical supplies through Revolving Drug Fund;
  - Birr 3,053,240,387.00 worth of Pharmaceuticals and medical supplies through fund mobilized from donors;
  - Mobilize in kind Birr 3,500,000,000.00 worth of Pharmaceuticals and medical supplies from development partners
- Procure Birr 1,200,000,000.00 worth of Medical Equipment and install at health facilities
- Distribute a total amount of Birr 11,023,000,000.00 worth of Pharmaceuticals and medical supplies which includes:-
  - Birr 2,075,692,200.00 worth of Pharmaceuticals and medical supplies through Revolving Drug Fund to achieve the 95% availability of 350 essential pharmaceuticals and medical supplies
  - Birr 8,947,307,803.00 worth of Pharmaceuticals and medical supplies through health program
- Transfer the administration of cold chains from regional health bureaus of the areas covered by Bahir Dar, Jimma and Mekelle branches to the Agency as a pilot project in this fiscal year
- Procure 125 items of Birr 892,170,770.00 worth of Pharmaceuticals and medical supplies from local pharmaceuticals manufacturers

- Finalize the construction of G+1 pharmaceuticals warehouse at the head office compound and make it operational
- Accomplish 60% of the construction of the cold chain and head office building of the Agency
- Operationalize six new branches at the newly built warehouses and offices in different regions
- Strengthen Integrated Pharmaceuticals Logistic System by supporting 2,000 health facilities through manual system and establishing computer based system at new 75 health facilities
- Implement Auditable Pharmaceuticals Tracking System at 22 University, Federal and Addis Ababa City Administration hospitals
- Implement Clinical Pharmacy service at 136 hospitals
- Implement Enterprise Resource Planning
- Prepare the Agency five year strategic plan (2015-2020)
- Implement fleet management for 1200 ambulance and 105 MOH vehicles

P5. IMPROVE EVIDENCE BASED DECISION MAKING: HARMONIZATION AND ALIGNMENT

PERFORMANCE MEASURES:

- Health sector transformation plan for 2015/16 -2019/20 in place
- Evidence based and aligned EFY 2008 at all levels of the health sector
- 90% timely & quality report
- eHMIS implemented in 2104 health facilities

STRATEGIC INITIATIVES

- Revise Ethiopian Health policy
- Finalize 20 year strategy and the 2015/16 -2019/20 Health Sector Transformation Plan (HSTP)
- Conduct EFY 2008 Woreda Based Health Sector Annual Planning
- Strengthen BSC implementation at all levels of the sector and start automation to strengthen BSC monitoring and evaluation

- Scale up and strengthen incentive for best performing institutions
- Prepare and disseminate monthly, quarterly, semi-annual, annual and GTP reports to all stakeholders
- Strengthen and scale up MCH score card
- Conduct supportive supervision, inspection, review meetings and final HSDP IV evaluation
- Implement electronic health management system (eHMIS) 884 health center,12 referral, 21 general and 82 primary hospital (all remaining facilities with electricity)
- Scale up and strengthen HMIS in private facilities and CHIS in pastoralist and Urban areas
- Implement health information quality improvement program
- Conduct different research, surveys/surveillances, and evaluation of technologies
    - Three anti microbial & insecticide resistance surveys on priority diseases /vectors
    - One national surveillance on infectious disease
    - One national survey on nutrition
    - Two health system/intervention evaluation
    - One evaluation to improve diagnostic technologies
    - One vaccine produced through technological transfer
    - Two researches conducted on infectious disease and traditional medicine

CB1. IMPROVE HEALTH INFRASTRUCTURE

PERFORMANCE MEASURES:

- 824 Woreda implemented mHealth system
- Fully implemented teleeducation system in 13 universities; telederematology in 52 and teleradiology in 62 health facilities
- Implemented EMR and MRU in 10 and 52 Hospitals respectively
- Constructed Health Centers (181 fully constructed, 5HC 50% constructed, 10 HC 60% constructed, and 59HC in Afar, Somali Benshagul Gumuz by Federal budget 50% constructed)

- Constructed 81 Operation Theater blocks (50 fully constructed and 50% constructed the remaining 30), 12 Bio Medical Workshops and 28 Health Extension Workers Residence
- 60% constructed 3 Regional Blood Bank; 10% National Blood Bank; and 40% constructed 10 Min Blood Bank

STRATEGIC INITIATIVES

- Strengthen 324 Woredas mobile health activities and expand to 500 Woredas
- Implement Teleeducation in 13 universities and provide supportive supervision on regular basis
  - Strength the implementation of eLearning system at 6 Universities
  - Enhance the teleeducation system into 7 Universities and provide technical support
  - Establish network between 13 NEMI and 12 previous generation Universities
  - Finalize teleeducation/eLearninig road map
- Implement teledermatology in 52 and teleradiology in 62 health facilities
  - Deploy teledermatology service in 52 regional health facility/ hospitals
  - Implement teleradiology service in 10 Addis Ababa Hospitals and 52 regional health facility/hospitals
  - Finalize telemedicine national road map document
- Implement Full EMR system in 10 hospitals and eMRU in 52 hospitals (including 13 university hospitals)
- Develop the Master Facility List (MFL) module for the eHIS systems and maintenance of MFL data
- Construction and renovation of health facilities
  - Construction and renovation of undergoing Health centers
  - Construction of undergoing Operation Theater block, Bio medical Maintenance Workshop and Residence for Emerging Health Extension Workers
  - Construction of National, Regional and mini blood banks

- Construct new G+12 Apartment building and conduct general maintenance for FMOH Head office building
- Construct (50%) G+7 Adama Malaria Training Center building
- Install: PV Solar in 1109 Health Posts and 300 Health Centers
- Install: water supply in 181 selected Health Centers
- Conduct assessment of health facilities for quality assurance and implement as per the study in selected hospitals and Health Center
- Finalize the construction of undergoing ,new ,expansion and maintenance works with necessary designs at St. Paul's Hospital Millennium Medical College, Amanuel Mental Specialized Hospital, St. Peter TB specialized Hospital, ALERT Hospital and Ethiopian Public Health Institute
- Medical Equipment Management
  - Implement Medical Equipment Management System/EHRIG/ in 100 Hospitals,
  - Establish Medical Equipment Maintenance Workshop in 12 hospitals
  - Develop national medical equipment management guideline
  - Conduct skill training for 100 biomedical equipment Technicians and Engineers.
  - Conduct National Medical Equipment Inventory in 120 public Hospitals
- Finalize the Standard Design of Urban and Agrarian type General Hospital and Distribute for Regional Health Bureau and City Administration

CB2. IMPROVE HUMAN CAPITAL AND LEADERSHIP

PERFORMANCE MEASURES:

- Enroll 4000 medical students in 27 medical schools
- Enroll 135 students in IESO training program
- Enroll 180 anesthesia students in BSC program in 9 universities and 180 students in level V anesthesia in 4 HSCs
- Enroll 1400 students in accelerated midwifery program in 13 HSCs
- Initiate level 4 /diploma nurse upgrading to BSc neonatal, OR, critical care and Psychiatry nursing training program in universities and hospitals

- Train 5000 HEWs in level IV and 3500 in level III in 21 colleges
- Training 450 emergency Medical technician (Paramedics)
- Enroll 250 students in biomedical technique level IV
- Enroll 500 students in HIT level IV
- Initiate licensing examination in four health professions in 2007 E.C.

STRATEGIC INITIATIVES

- Improve the quality of medical education in 27 schools and train competent medical doctors
  - Build the teaching capacity
  - Curriculum review and facilitation for approval;
  - Networking universities and health facilities;
  - Induction training of graduate medical doctors
- Finalize preparations to start Forensic and Family medicine training programs in 2008 E.C. in 2 universities
- Avail adequate number of IESO professionals at national level
  - Build the teaching capacity
  - Prepare IESO professionals career ladder
- Finalize preparations to start OR Nurse training in 3 universities in 2008 E.C.
  - Identify potential training institutions for OR nursing and build the teaching capacity
- Avail adequate number of competent anesthesia professionals at national level
- Finalize preparations to start emergency and critical care nursing in 2008 E.C.
- Ensure the quality of education in 47 midwifery schools
  - Train 1500 midwives in the accelerated midwifery program
- Finalize preparations to start the training of level V neonatal nursing training
- Finalize preparations to start Family nurse training BSc (upgrading) program in 4 universities in 2008 E.C.

- Avail adequate number of competent level III and IV HEWs
  - Provide educational materials to the training institutions and build the teaching capacity of instructors
  - Change the HEWs training curriculum into community nurse training curriculum
  - Avail adequate number of competent emergency medical technician (paramedics) professionals
  - Build the teaching capacity
  - Train 450 emergency and ambulance service professionals
  - Provide Ambulance driving training to graduates
- Avail adequate number of competent biomedical technicians
- Provide support for training institutions
- Train 500 students in level IV health information Technician
- Conduct licensing examination in first degree medical, anesthesia, midwifery and Health officers graduates (professionals competency assurance system in place)
- Improve the national in-service training system
  - Build the capacity of 35 in-service training (IST) centers to enable them provide standardized IST courses
  - Provide need based short term trainings to 130 FMOH employees
  - Accredit 35 CPD providers
- Improve human resources management systems and organization
- Avail functional HRIS from the national to woreda levels

CHAPTER 3

COST FOR EFY 2007 PLAN

The EFY 2007 annual plan costing was conducted using Activity-Based Costing at National, Regional and Woreda levels. The estimated cost at all levels of the sector has been compiled and analyzed and then reconciled with the estimated national health sector cost produced using the Marginal Budgeting for Bottlenecks (MBB) tool.

The overall estimated cost for the implementation of the planned interventions in EFY 2007 is 35,957,288,721 ETB. Out of the total estimated cost, about 68.3% is for health system strengthening, mainly pharmaceutical supplies, human capital and health infrastructure. The remaining 31.7 % is programme cost which includes Health Extension Programme (HEP), maternal and child health services, nutrition programme, hygiene and sanitation, prevention and control of communicable and non-communicable diseases, and public health emergency management.

The estimated cost for pharmaceutical supplies and services is about 10.4 billion ETB (29% of the total cost); human capital 7.5 billion ETB (20.9%); and health infrastructure is 2.5 billion ETB (7.1%). The estimated cost for Maternal, Newborn, Child and adolescent Health including nutrition programme is 2.77 billion Birr which is 7.7% of the total estimated cost of the year; and prevention and control of communicable and non-communicable diseases is costed about 6.13 billion birr (17.1% of the total cost). Out of the total estimated cost, 1.1 billion ETB (3.1%) goes to strengthening the Health Extension Programme through Health Development Army.

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

The EFY 2007 resource mapping showed that 16.57 billion ETB is committed from development partners including NGOs and CSOs, and 12.7 Billion Birr from Government. The remaining 6.69 Billion ETB is funding gap. However, the community contribution which has huge share especially in the promotion and prevention activities (Health Extension Programme) is not estimated in this planning process.

This funding gap, which is about 18.6% of the total estimated cost of the year, is a constraint against the scale up of health interventions and need integrated and sustainable effort by both government and development partners for mobilizing of additional resources and ensuring funding for priority interventions.

Details of the cost for EFY 2007 plan by Region and Strategic Objectives (programs areas) are presented in the following two tables.

Table 22: Cost for EFY 2007 Plan by Region

		Total Cost Estimated (ETB)	Resources Committed (ETB)		Funding Gap (ETB)
			Government	AID	
1	Tigray	1,004,584,133	323,863,946	298,006,701	382,713,487
2	Afar	302,988,959	191,730,095	74,372,743	36,886,122
3	Amhara	3,722,677,526	1,953,625,412	1,260,176,289	508,875,824
4	Oromia	4,668,448,640	3,080,656,366	1,368,464,758	219,327,516
5	Somali	1,104,784,076	335,302,027	151,125,887	618,356,162
6	Benshangul Gumuz	531,198,043	242,104,569	26,251,864	262,841,610
7	SNNPR	3,322,727,208	2,355,274,118	461,471,740	505,981,350
8	Gambella	91,356,699	57,089,160	23,969,693	10,297,846
9	Harari	132,557,573	84,737,905	36,543,601	11,276,067
10	Dire Dawa	154,646,837	101,508,713	38,737,342	14,400,782
11	Addis Ababa	881,488,639	595,718,622	213,083,404	72,686,613
12	Fedral	20,039,830,389	3,378,500,380	12,614,987,906	4,046,342,103
	Total	**35,957,288,721**	**12,700,111,313**	**16,567,191,926**	**6,689,985,482**

Table 23: Cost for EFY 2007 Plan by Strategic Objective (Programme)

	HSDP-IV Strategic Objectives	Total Cost Estimated (ETB)	Resources Committed (ETB)			Funding Gap (ETB)
			Government	AID	Total	
1	***Access to Health Services***					
1.1	Maternal, Newborn & Adolescent Health	1,485,562,419	231,779,955	1,150,760,644	1,382,540,599	103,021,820
1.2	Child Health	664,565,845	102,892,329	191,866,718	294,759,046	369,806,798
1.3	Nutrition	625,274,192	151,398,059	288,152,031	439,550,090	185,724,102
1.4	Hygiene & Environmental Health	323,107,439	67,048,011	96,496,879	163,544,890	159,562,549
1.5	Prevntion & Control of Communicable Diseases - HIV/AIDS	2,353,681,792	133,618,410	1,970,063,383	2,103,681,792	250,000,000
1.6	Prevntion & Control of Communicable Diseases - Malaria	2,649,927,289	224,295,505	2,213,631,785	2,437,927,289	212,000,000
1.7	Prevntion & Control of Communicable Diseases - TB	560,166,839	92,292,547	355,528,892	447,821,439	112,345,400
1.8	Prevntion & Control of Communicable Diseases - others	206,548,984	2,644,242		2,644,242	203,904,743
1.9	Prevntion & Control of Non-Communicable Diseases	365,757,140	18,754,859		18,754,859	347,002,281
2	***Community Ownership***	1,105,313,630	311,810,549	87,440,340	399,250,889	706,062,741
3	***Resource Mobilization & Utilization***	351,177,426	94,204,789	6,947,120	101,151,910	250,025,516
4	***Quality of Health Services***	778,906,540	188,378,834	1,496,817	189,875,651	589,030,888
5	***Public Health Emergency Preparedness & Responses***	276,433,095	86,776,100	76,036,657	162,812,757	113,620,338
6	***Pharmaceutical Supply & Services***	10,441,963,353	3,194,838,837	6,256,572,214	9,451,411,051	990,552,302
7	***Regulatory System***	403,195,386	296,722,414	13,656,196	310,378,610	92,816,776
8	***Evidence-based decision Making; Harmonization & Alignment***	3,324,331,593	122,972,143	2,986,559,451	3,109,531,593	214,800,000
9	***Health Infrastructure***	2,538,541,034	1,729,130,199	313,351,441	2,042,481,640	496,059,394
10	**Human Capital**	7,502,834,725	5,650,553,531	558,631,360	6,209,184,891	1,293,649,834
	TOTAL	**35,957,288,721**	**12,700,111,313**	**16,567,191,926**	**29,267,303,239**	**6,689,985,482**

REGIONAL SUMMARY PROFILE

Data Items	Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNP	Gambela	Harari	Dire Dawa	Addis Ababa
Regional Population (EFY 2007)	5,055,000	1,723,000	20,399,000	33,692,000	5,452,000	1,005,000	18,276,000	409,000	232,000	440,000	3,275,000
No of urban kebeles	36	36	323	490	37	34	324	27	36	9	-
No of Rural kebeles	17	368	3,131	6,531		441	3,602	233	17	38	-
No of Functional HP	24	314	3,317	6,443	952	384	3,835	118	24	31	-
No of functional HC	8	72	804	1,250	143	32	705	30	8	15	86
No of HC (Ongoing construction)	0	19	55	82	51	8	27	2	0	0	19
No of functional Hospitals	7	5	19	43	9	2	29	1	7	2	10
No of Hospital (Ongoing construction)	0	1	55	57	2	4	56	3	0	0	3
Urban Woreda's	6	2	38	43	11	1	22	1	6	6	116
Rural Woreda's	3	32	129	267	57	20	135	13	3	3	-

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