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MINISTRY OF HEALTH-ETHIOPIA

DATA ANALYTIC REPORT

2014 EFY 9 MONTH ANALYSIS

Hamle 2013- Megabit 2014



REPORTING RATE ANALYSIS

- » Report Completeness rate
- » Report Timeliness rate



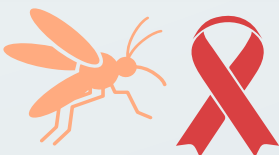
MATERNAL HEALTH SERVICE

- » Contraceptive acceptance rate, Antenatal care Four or more visits (ANC 4)
- » Skilled birth attendance (SBA), Early Postnatal care
- » PMTCT testing rate
- » Maternal Mortality (Facility and community)



CHILD HEALTH SERVICE

- » Immunization Program
- » Integrated management of Childhood illness program
- » Nutrition Program/Services



DISEASE PREVENTION AND CONTROL PROGRAMS

- » Malaria
- » HIV/AIDS Program
- » Tuberculosis



NON COMMUNICABLE DISEASE

- » Hypertension
- » Diabetes Mellitus
- » Cervical cancer



QUALITY OF HEALTH SERVICE

- » Outpatient Attendance and OP Attendance per Capita
- » Inpatient Admission and Admission Rate
- » Bed Occupancy Rate %
- » Average Length of Stay (in Days)

ACRONYM

ALOS	Average Length of Stay
ANC	Antenatal Care
ANC4	Antenatal Care Four visits
ARI	Acute Respiratory Infection
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASM	Apportionment spacing Model
BOR	Bed Occupancy rate
CAR	Contraceptive Acceptance Rate
CDR	Case Detection Rate
COVID-19	Corona Virus Disease-19
DHIS2	District Health Information System
DOR	Dropout Rate
EFY	Ethiopian Fiscal Year
EPI	Expanded Program on Immunization
EPTB	Extra pulmonary Tuberculosis
GMP	Growth Monitoring and Promotion
HCS	Health Centers
HF	Health Facility
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Post
HSTP	Health Sector Transformation System
ICU	Intensive Care Unit
KPI	Key Performance Indicators
MCV	Measles containing Vaccine
MoH	Ministry of Health
OP/D	Out Patient /Department
OTP	Outpatient Therapeutic feeding Program
PITC	Provider Initiated HIV testing and counseling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
PNC	Postnatal care
PTB	Pulmonary Tuberculosis
RHB	Regional Health Bureau
Rx	Treatment
SAM	Sever Acute Malnutrition
SC	Stabilization Center
SBA	Skilled Birth attendance
SYI	Sick young Infants
TB	Tuberculosis
VIA	Visual Inspection of cervix with acetic acid



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BACKGROUND

MOH has been generating regular different analytic reports to inform a decision on the implementation of essential health services through analysis of selected core indicators.

Now that this data analytics practice is institutionalized and integrated with the routine monitoring and evaluation activities of the Ministry. This report will be shared with respective stakeholders such as program experts, agencies, regional health Bureaus, development partners for further analysis, investigation and action.

Reporting Rate Analysis: Third Quarter, 2014 EFY

DATA ANALYTIC REPORT

2014 EFY 9 MONTH
ANALYSIS



PERIOD

[Quarter III: Hamle 2013-
Megabit 2014]

BACKGROUND

Utilization of quality health data is crucial to monitoring and evaluation of the functionality of health systems. Decision-makers at all levels of the health system need information that should be relevant, reliable and timely.

Ministry of Health (MoH) has been working widely to strengthen the Health Management Information System (HMIS) to improve all data quality dimensions. However poor data quality has remained to be a challenge. Report timeliness and

completeness are one of the major data quality dimensions. Despite that reporting rate is improving over time, still low coverage of reports comes on time.

To this end, the below reporting rate analysis is intended to show the Third quarter service delivery & disease report completeness and timeliness compared with the previous quarter trend. The evidence from this analysis is expected to correlate essential health care services coverage analysis.



NB: -In this analysis Service delivery reporting rate is described as the proportion of all expected Health Center, Public Hospital & Health Post Monthly Service Delivery Report that were submitted on the DHIS2 as of June 07, 2022 GC. Disease Reporting rate is described as the proportion of all expected Health Center & Hospital monthly disease Report that were submitted on the DHIS2 as of June 07, 2022 GC.

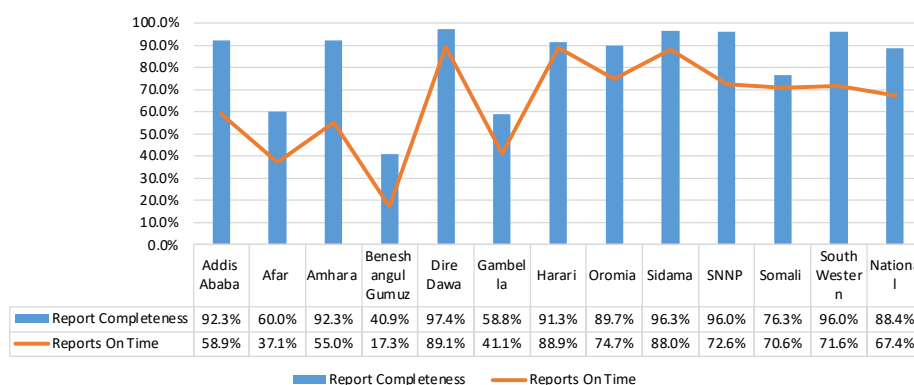
Completeness and timeliness of reporting rate



KEY FINDINGS

- Third Quarter Monthly Service delivery report completeness at national level was (88.4%), which is to some extent less than the target (90%).
- Regions except Afar, B/Gumuz, Gambella and Somali have Report Completeness greater than & equal to national performance.
- B/Gumuz, Gambella & Afar respectively showed very low service report completeness rate in the Third Quarter of 2014 EFY.

Completeness & Timeliness of Third Quarter monthly Service Delivery
Report submission analysis by regions 2014 EFY



REPORTING RATE ANALYSIS



KEY FINDINGS

- At national level Disease report completeness was relatively good (88.5%).
- B/Gumuz, Gambella & Afar & Somali respectively showed low in disease report completeness rate in the third quarter of disease report.
- Report timeliness was much lower than the target 90% only 72.7 % of HF's submits their report timely.

Completeness & Timeliness of Third Quarter Disease Report submission analysis by regions 2014 EFY



Quarterly Service Report Completeness rate by quarter: 2014 EFY

86 %

Health Center

Q1 (Ham to Mes 2013)

81 %

Hospital

Q2 (Tik to Tah 2013)

84 %

Health Post

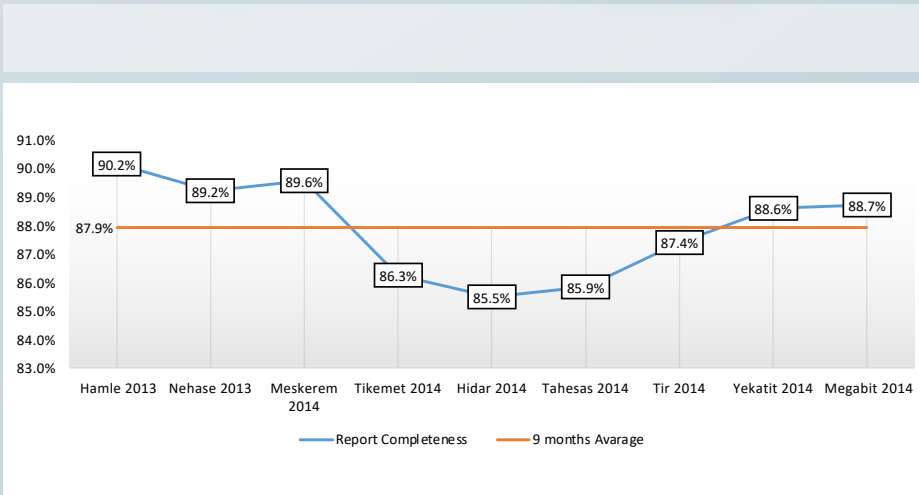
Q3 (Tir to Meg 2013)

MONTHLY TREND OF SERVICE DELIVERY REPORT COMPLETENESS: 2014 EFY



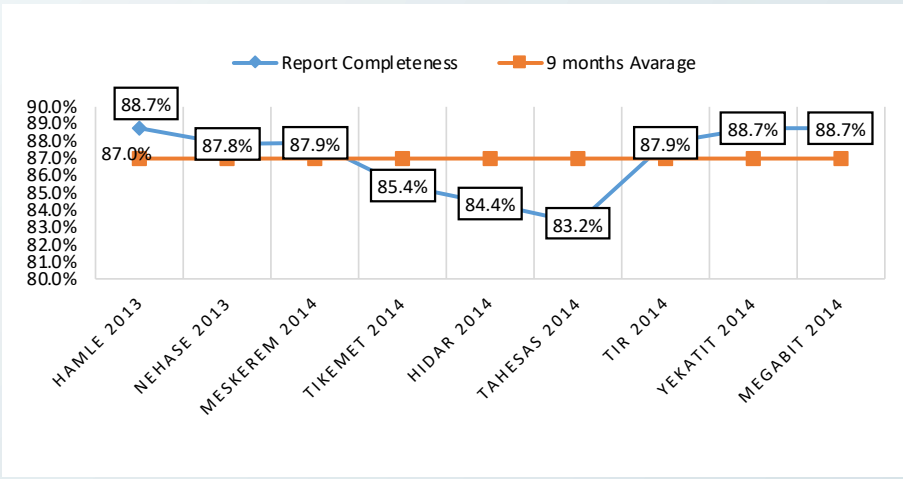
KEY FINDINGS

- Since Tikemet to Tir 2014 EFY, service delivery report completeness slight decline from average of the 9 months (87.9%).
- Service delivery reporting completeness rate shows slight improvement observed in Yekatit & Megabit 2014.
- Hamle, 2013, Nehase, 2013, Meskerem 2014, Yekatit 2014 & Megabit 2014 have values above the average of the 9 months.



REPORTING RATE ANALYSIS

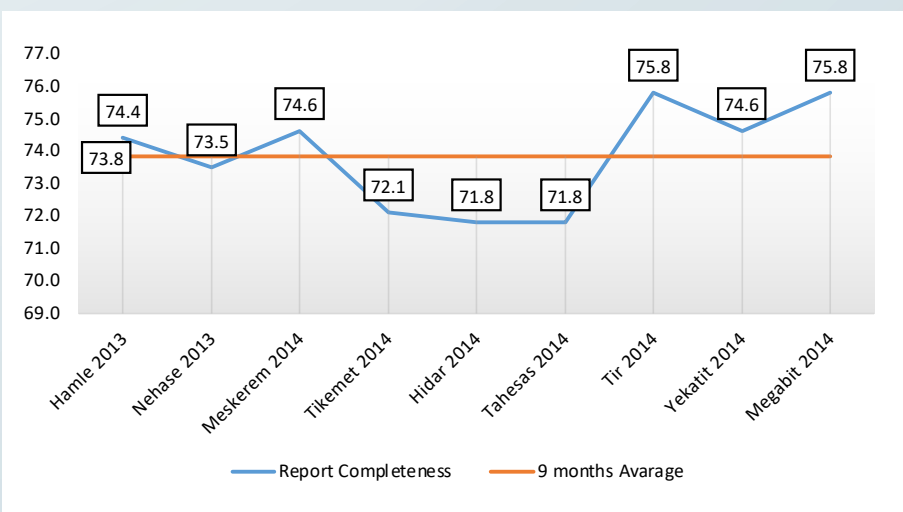
MONTHLY TREND OF DISEASE REPORT COMPLETENESS: 2014 EFY



KEY FINDINGS

- Trend of disease report completeness rate showed a slight decreased from Tikemet to Tahesas, 2014 EFY but it again slightly increments in Tir to Megabit 2014 EFY.
- Tikemet, Hidar, Tahesas 2014 have values below the average of the 9 months.
- The highest disease delivery reporting completeness rate was in Hamle 2013, Yekatit & Megabit, 2014 EFY which is 88.7%.

MONTHLY TRENDS OF HOSPITAL KPI DATA SET COMPLETENESS: 2014 EFY



KEY FINDINGS

- The lowest Hospital KPI data set completeness is in Hidar & Tahesas 2014 EFY, which is 71.8% & which is far from the targets (90%).
- Nehase, Tikemet, Hidar, Tahesas 2014 have values below the average of the 9 months.
- The highest Hospital KPI Data set completeness rate was in Tir 2014 & Megabit 2014 EFY.

Challenges

- In Third Quarter of 2014 EFY, Quarterly Service Report Completeness rate was 84%, which is 3 percent points higher than the previous quarter (81%).
- Benishangul Gumuz (40.9%), & Gambella (58.8%) respectively showed Very Low in-service report completeness rate in Third quarter of 2014 EFY.
- Even though there is slight improvement in completeness of reporting rate from previous quarter, still timeliness of report is very low.

Way forward

- Special attention should be given to Hospital KPI & Quarterly Service Report data set reporting rate.
- Strengthening performance monitoring team (PMT) at all level.
- Feedback at all level of the health system should be given.
- Identify & Support Regions, Zones, Woredas and Facilities with low report rate.

MATERNAL HEALTH SERVICE

DATA ANALYTIC REPORT

2014 EFY 9 MONTH ANALYSIS



INDICATORS

- Contraceptive acceptance rate, Antenatal care Four or more visits (ANC 4)
- Skilled birth attendance (SBA), Early Postnatal care
- PMTCT testing rate
- Maternal Mortality (Facility and community)

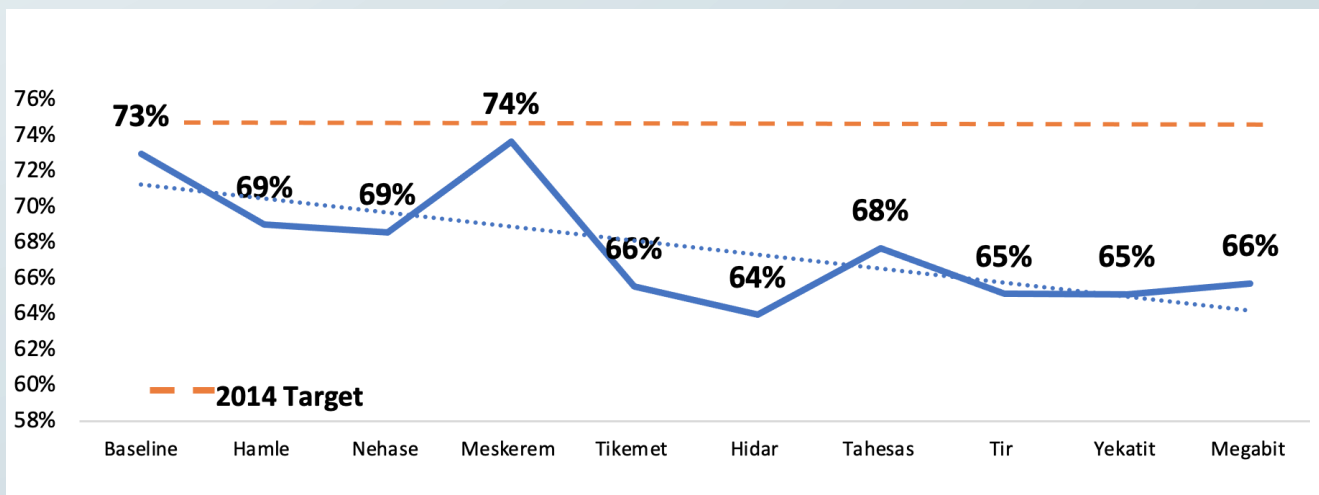


PERIOD

[Quarter III: Hamle 2013-
Megabit 2014]

1. Contraceptive Acceptance Rate (CAR)

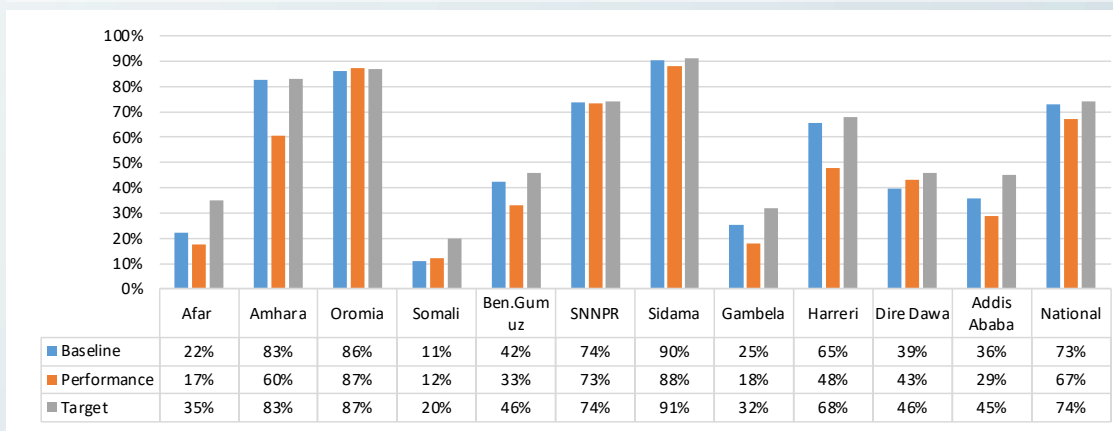
Contraceptive Acceptance Rate Monthly Trend from Hamle 2013 to Megabit 2014



KEY FINDINGS

- The national aggregated CAR performance in the past nine months of EFY 2014 is 67%.
- The overall trend of CAR is decreasing and Tir, Yekatit and Megabit were the months where least performance reported. The only month where high performance, greater than the baseline, reported was Meskerem 2014 EFY.
- The performance in all the three months of the third quarter were lower both from the baseline (73%) and the target set for the year (74%).
- Shortage of commodities at health facilities and the conflict in many parts of the country contributed to the recorded low performance.

Contraceptive Acceptance Rate Baseline, Performance and Target Comparison, Nine Months of 2014 EFY



KEY FINDINGS

- The national aggregated EFY 2014 nine months performance of contraceptive acceptance rate is 67%. This coverage is lower than last year performance by 6% point and the target of the year by 7% points.
- Looking the data disaggregated by region; the highest CAR performance was observed in Sidama (88 %) followed by Oromia (87%), SNNPR (73%) and Amhara (60%) while the lowest performance was recorded in Somali (12%), Gambella (18%) and Afar (17%).

Comparison with last year’s performance (Baseline)

- Only three regions, namely Oromia (by 1.2%), Somali (by 1.2%), and Dire Dawa (by 3.7%) performed above or equal to their last year’s performance while the remaining regions performed lower than their baseline.
- The highest reduction compared with last year’s baseline was in Amhara regions (by 23%) followed Harari (by 17%).

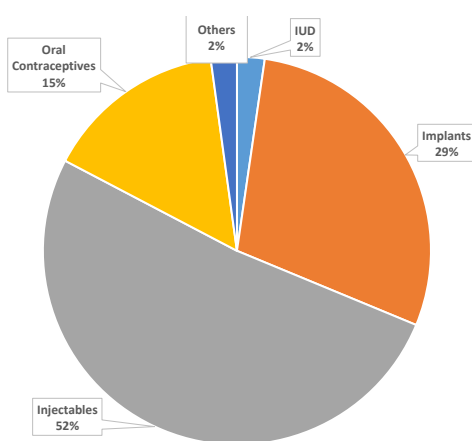
Comparison with target set for the year

- All regions except Oromia were unable to achieve their target set for the year. SNNP is 1% behind the target whereas Amhara (23%), Harari (20%), Afar (18%), Addis Ababa (16%), Gambella (14%), and Benishangul Gumz (13.1%) showed more than 10% difference from the given target. The remaining regions showed below 10% difference from the target. Therefore, many of the regions may not achieve the target unless corrective measures taken.

Modern Contraceptives Method Mix, Hamle 2013 to Megabit 2014



KEY FINDINGS



- Regarding method mix, injectable (52%) account for the biggest share of contraceptive methods used by clients in the last nine months of the fiscal year followed by implants (29%) and oral contraceptive pills (15%). Compared to 2013 EFY performance oral contraceptive pills usage has increased by 4%, implants increased by 1% and Injectables decreased by 6%.
- In the nine months of 2014 EFY, a total of 143106 (8.6%) women received Immediate Postpartum contraceptive from those who delivered in Health Facilities.
- Even if postpartum family planning reduces maternal and infant mortality by preventing unplanned and unintended pregnancies the national performance is low and needs to avail necessary commodities in service delivery points and capacitating pf health care providers for better output.



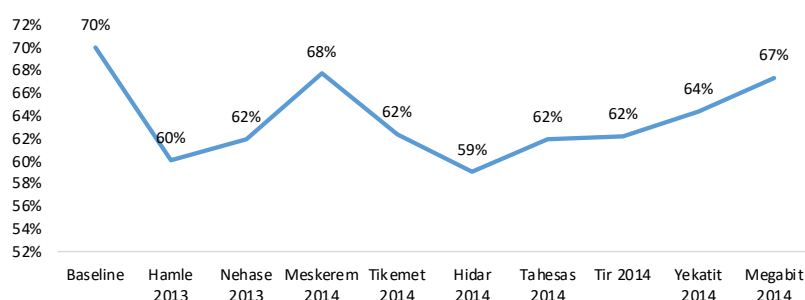
2. Antenatal Care visits (ANC Four or more visits)



KEY FINDINGS

- The national aggregated ANC 4 or more visits performance during the past nine months of EFY 2014 is 63%. The performance ranges between 59% and 68% during the past nine months of 2014 EFY.
- The lowest ANC 4 or more visits performance was recorded during Hidar (59%). This is lower by 11% points from the baseline and 14% points from the target.
- Generally, the performance demonstrated increasing trend beginning from Hidar 2014. Overall nine months performance is low both from baseline and targets.

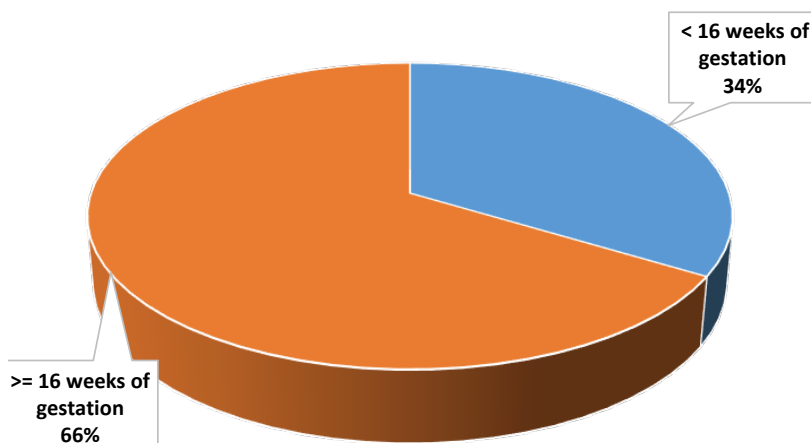
Antenatal Care Four or More Visits (ANC4+) monthly Performance, Nine Months EFY 2014.



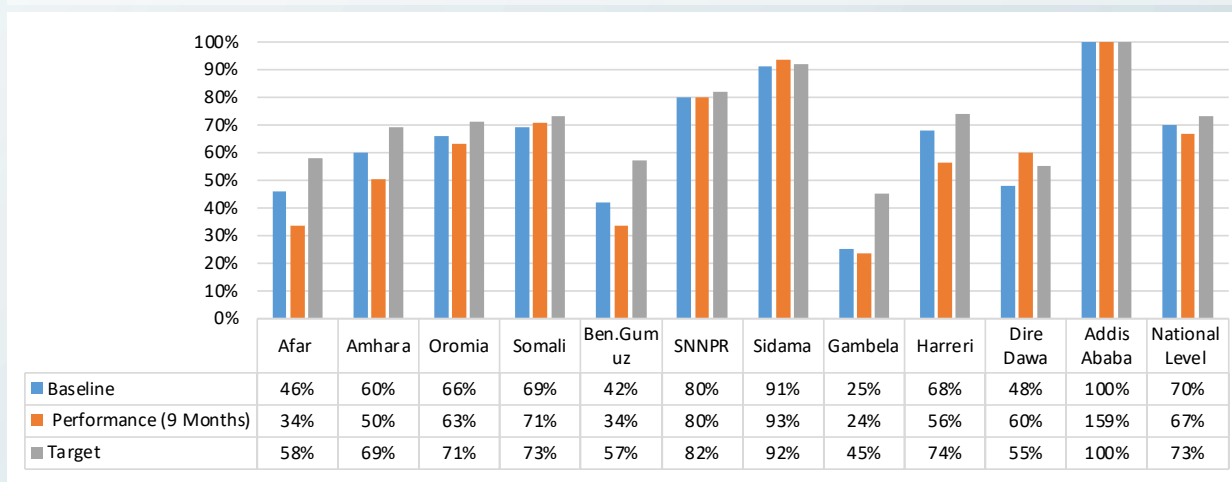
KEY FINDINGS

- Out of the total first ANC contact, about 34% of them got the care within the 16 weeks of gestation.
- Two in three pregnant mothers come late (after 16 weeks of gestation) for first antenatal care in the pregnancy period.
- The earlier pregnant mothers have their first antenatal care during the pregnancy period, the more likely they will benefit from getting critical interventions and risk identification for both the mother and fetus.
- Therefore, we can conclude that majority of ANC care started late. To improve this, the program should identify the causes for the late initiation of ANC care, develop interventions and act accordingly

First ANC visits by Gestational Age, Nine Months Performance of EFY 2014



Antenatal Care Four or More Visits Baseline, Performance and Target by Region, Nine Months of 2014 EFY



KEY FINDINGS

- The national aggregated EFY 2014 nine months performance of ANC four or more visits is 67%. This coverage is less by 3% and 6% points from last year performance and the target set for the year respectively. There is huge regional performance variation, as high as 100% and as low as 24%. The highest ANC 4 or more visits performance was observed in Addis Ababa (>100%) followed by Sidama (93%) while the lowest performance was recorded in Gambella (24%) followed by Benshangul-Gumuz (34%) and Afar (34%).

Comparison with last year's performance (Baseline)

- Three regions: Addis Ababa (by 59%), Diredawa (by 12%), Sidama (by 2%), somali (by 2%) performed above their last year's performance while the remaining regions performed lower than their baseline.
- The highest reduction compared with last year's baseline was in Afar (12%) and Harari (12%) regions followed by Amhara (10%).

Comparison with target set for the year

- As a nation we are 6% behind the target for EFY 2014 and all regions except Addis Ababa, Dire Dawa and SNNP were unable to achieve their target for the year. Afar, Benishangul and Gambela are more than 20% far from their own regional targets.

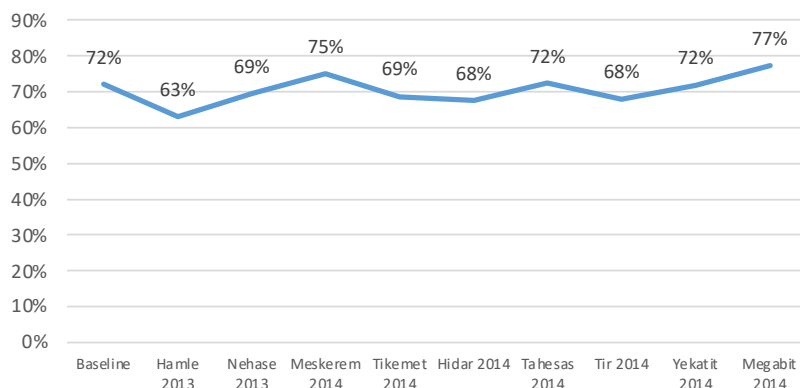


3. Syphilis Screening

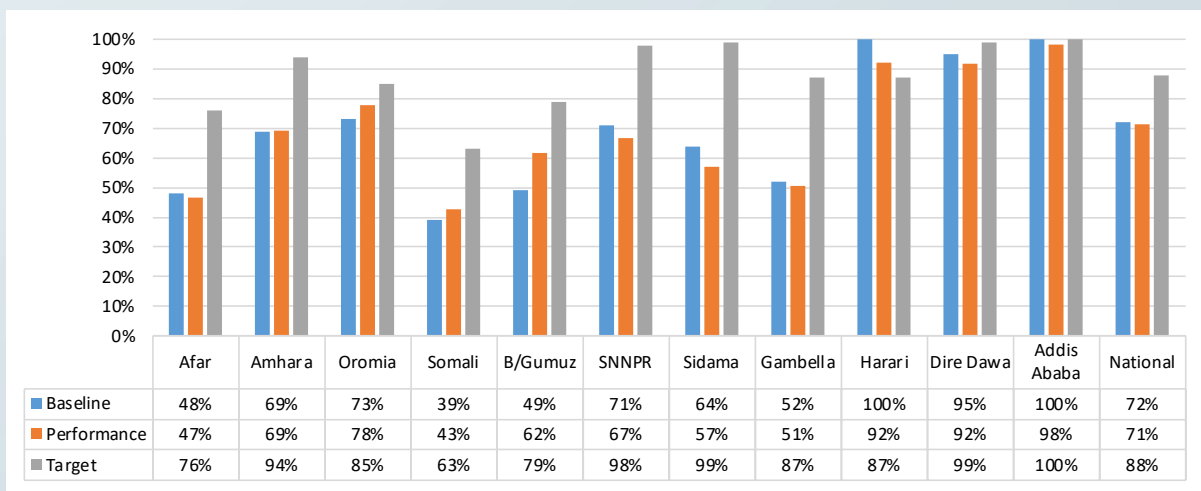
KEY FINDINGS

- The national aggregated syphilis testing performance till the end of month nine of EFY 2014 is 70%. This is lower by 2% points from the baseline and showed a 18% deficit from the target.
- The performance showed ups and downs and a slow increment over the last three months.
- During the last nine months, the service uptake ranges from 63% in Hamle to 77% in Megabit.

Syphilis Screening Among Pregnant Mothers Monthly Trend, EFY 2014



Syphilis testing Baseline, Nine Months Performance and Target, EFY 2014.



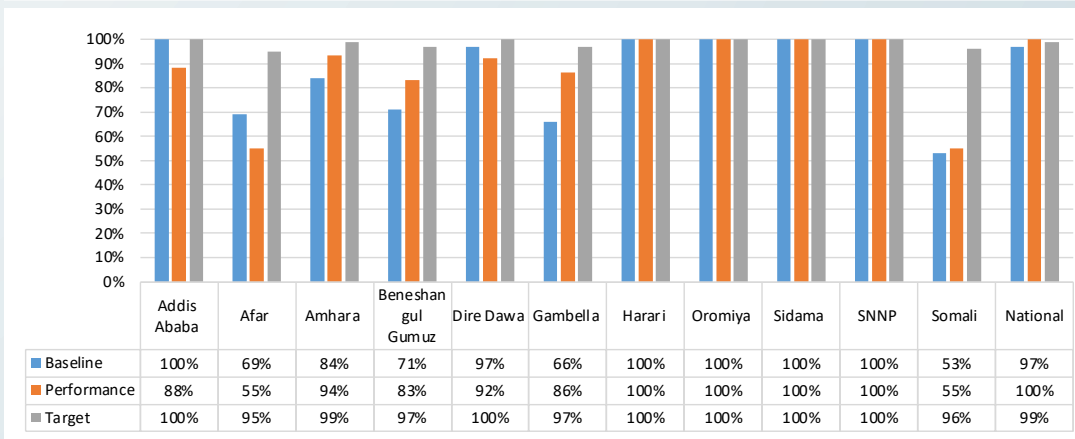
KEY FINDINGS

- Overall national syphilis testing performance is 71% which is 1% less from the baseline and it is 17% behind this year's target.
- Except Amhara, Oromia, Benishangul and Somali regions the remaining performed less than the baseline.
- Regional variation is high when the performance is compared with the target and the difference ranges from 2% to 42% when compared to the 2014 EFY target. Sidama (by 42%), SNNP (by 31), Afar (by 29%), Amhara (by 25%) and Gambella (36%) regions performance is very low compared to the target.



4. Iron Folate Supplementation 90 Plus

Proportion of pregnant women received iron and folic acid supplements at least 90 plus, 2014 Nine Months



KEY FINDINGS

- Regional variation is high in provision of Iron folate and Afar (55%), and Somali (55%) were the least performing. Afar is the only region which performed below the baseline. Afar, Addis Ababa and Dire Dawa performed below the baseline.
- Due to over achievement of regions National target has achieved. Performance is calculated from those who received ANC 1st.
- Compared to the target two regions are far behind. The regions are Afar (by 40%), and Somali (by 41%).



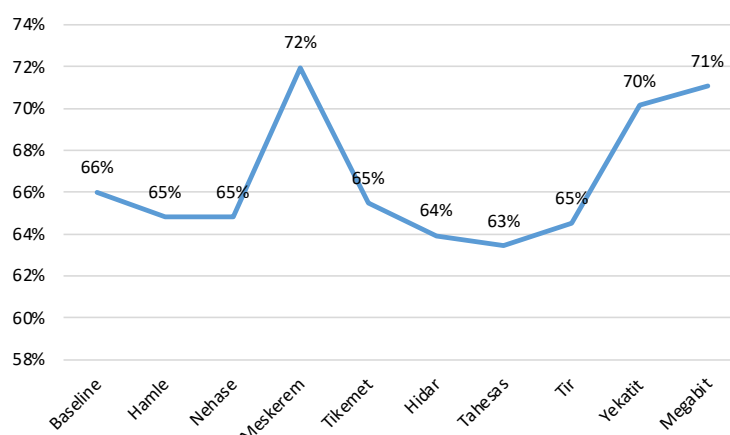
5. Skilled birth attendance (SBA)



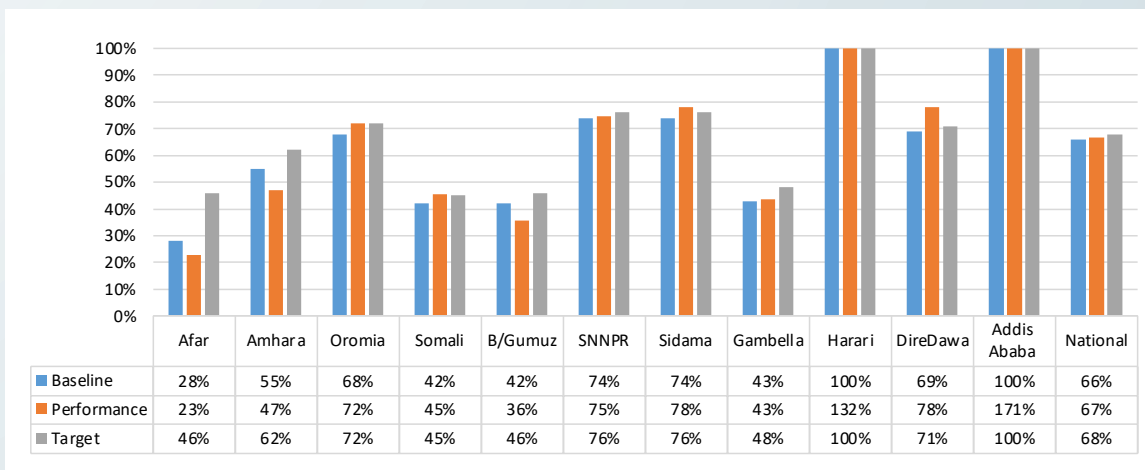
KEY FINDINGS

- The national aggregated Delivery by skilled birth attendant (SBA) nine months performance of EFY 2014 is 67%.
- Delivery by skilled birth attendant (SBA) performance ranges between 66% and 72% during in the last nine months of EFY 2014.
- The lowest delivery by SBA performance was recorded in Tahisas 2014, 63%.
- The performance in quarter III shows constantly increasing trend and reached 71%, 8 points higher from Tahisas2014.

Deliveries by Skilled Birth Attendants monthly performance, Nine Months, EFY 2014.



Deliveries attended by Skilled Personnel Baseline, Nine months Regional Performance and Targets, EFY 2014.



KEY FINDINGS

- Regional performance varies from 23% to >100%. Low performing regions are Afar (23%), Benishangul-Gumuz (36%), Gambella (43%), Somali (45%) and Amhara 47%. The remaining regions performed above or equal to the given target. The national aggregated performance is 1% above the last year performance and 1% lower from this year's target.

Comparison with last year's performance (Baseline)

- Afar (5%), Amhara (8%) and Benishangul-Gumuz (6%) performance is low compared to last year's performance.

Comparison with target set for the year

- Most regions performance is greater than or equal to the target except Afar (23%), Amhara (15%) Benishangul (10%) and Gambella (5%) which are 23% to 5% behind the target.



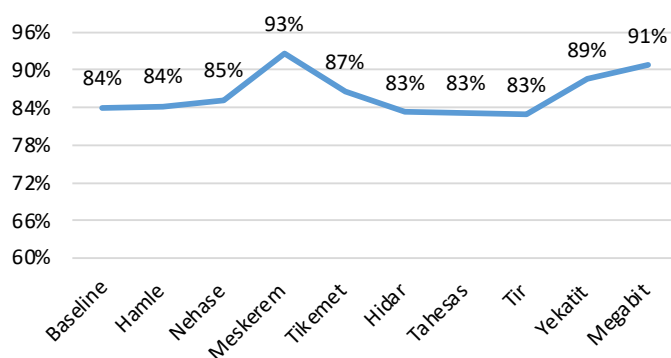
6. Early Postnatal care (PNC)



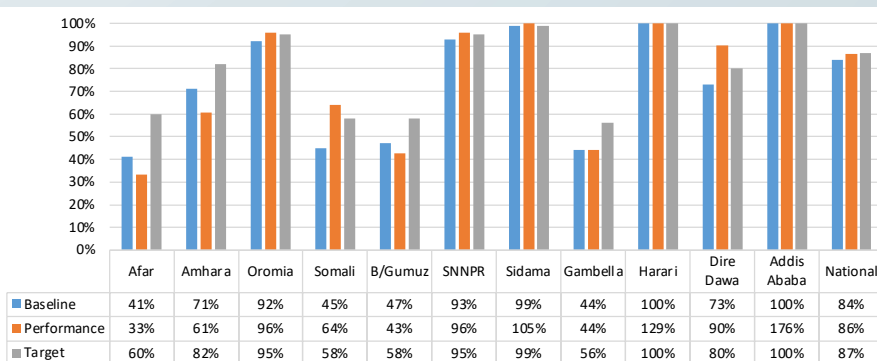
KEY FINDINGS

- The national aggregated early PNC performance in the past nine months of EFY 2014 is 86%.
- The early PNC performance ranges between 84% (in Hamle) to 93% (in Meskerem) during the nine months performance reporting period.
- Generally, the performance showed improvement over the last three months than that of the second quarter.

Early Postnatal Care Nine Months Trend of EFY 2014



Early Postnatal Care Baseline, Nine Months Performance and Target for EFY 2014.



KEY FINDINGS

- The early postnatal (care within the first seven days after delivery) aggregated EFY 2014 nine months performance is 86%. This reported value is high as compared with the baseline (last year performance) by 2 % points and lower by 1% point from the 2014 target.
- Region wise, the coverage showed big variation with a value higher than 100% and as low as 33%. The highest PNC performance was observed in Addis Ababa (>100%), Harari (>100%), and Sidama (>100%) while the lowest performance was reported in Afar (33%) Benshangul-Gumuz (43%) and Gambella (44%).

Comparison with last year's performance (Baseline)

- Apart from Afar, Amhara, and Benshangul Gumz other regions performed greater than or equal to their previous year performance. Aggregated national performance is two percentage points higher than the baseline.
- The highest increase compared with last year's baseline was recorded by Addis Ababa (by 76 %), Harari (by 29%), and Diredawa (by 17%).

Comparison with target set for the year

- Four regions; namely, Afar (by 27%), Amhara (by 21%), Benshangul Gumuz (by 15%), and Gambella (12%) were unable to achieve their target.



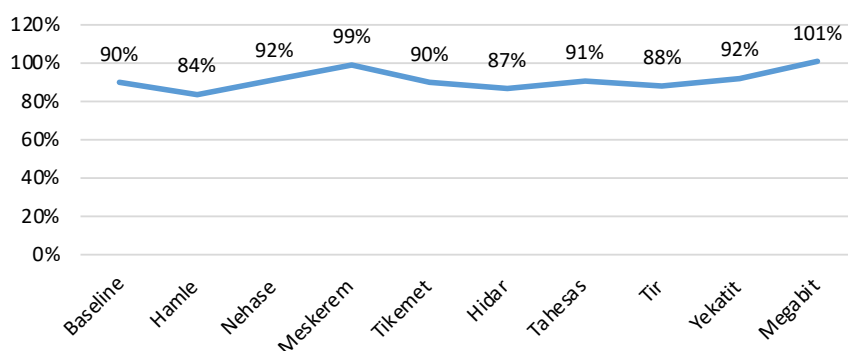
7. PMTCT Testing



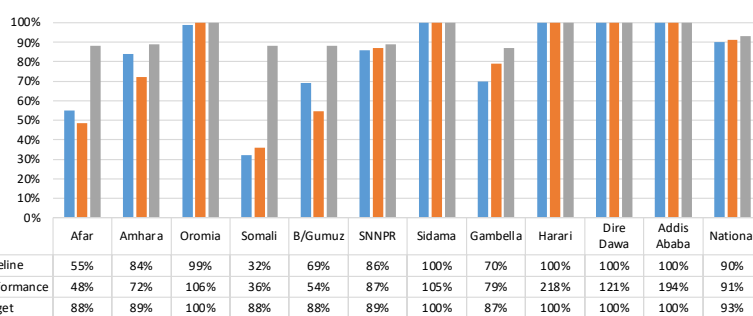
KEY FINDINGS

- The PMTCT testing national aggregated performance during nine months of EFY 2014 is 91%.
- The PMTCT performance ranges between 84% (in Hamle) to 101% (in Megabit) during the nine months performance period.
- Generally, the performance showed improvement over the first and the last three months whereas it got declined during the months of Tikimit and Hidar 2014.

PMTCT Testing Nine Months Trend of EFY 2014.



PMTCT Testing Baseline, Nine Months Performance and Target for EFY 2014.



KEY FINDINGS

- The PMTCT testing national aggregate performance for the last nine months of EFY 2014 is 91%. This reported value is higher by 1% point compared with the baseline performance (last year performance) but showed a 2%-point deficit compared with the target of 2014 EFY.
- Region wise, the PMTCT testing coverage showed large variation. The highest PMTCT testing rate was reported from Addis Ababa, Harari, Diredawa, Sidama and Oromia regions (All >100%) while the lowest performance was reported in Somali (36%) followed by Afar (48%) and Benshangul-Gumuz (54%).

Comparison with last year's performance (Baseline)

- While six regions (Addis Ababa, Harari, Diredawa, Sidama, Gambella and Oromia) performed better than their baseline the remaining regions achieved less than their baseline.
- Significant decline compared with the baseline was recorded in Benshangul-Gumuz (by 17%) and Amhara (by 12%). This may be due to the conflict in the areas.

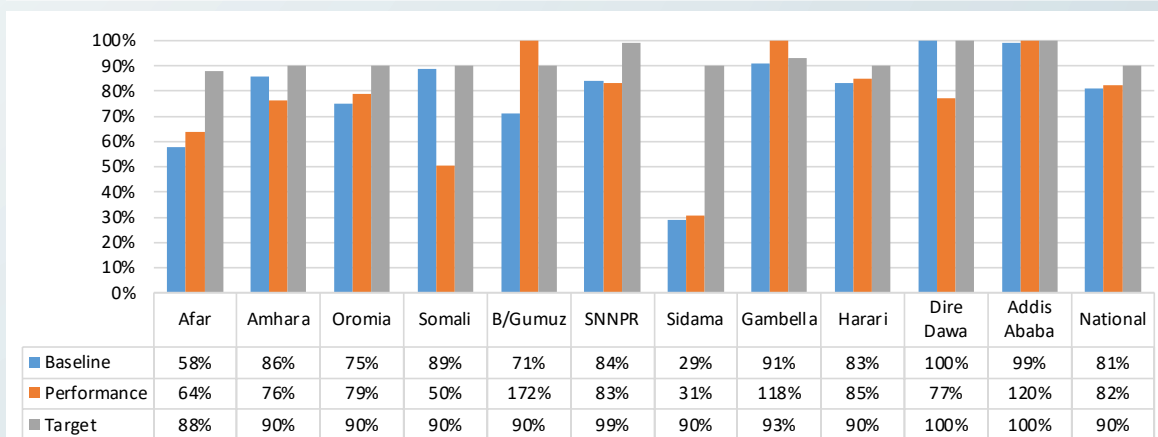
Comparison with target set for the year

- Five regions; namely, Addis Ababa, Harari, Diredawa, Sidama, and Oromia (All at 100%) were able to achieve their target. However, the remaining regions are unable to achieve their target with four regions demonstrating a target to performance gap of 15% or more. The highest target to performance gap is in Somali by (55%) followed by Afar (by 44%) and Benshangul-Gumuz (by 33%).



8. HIV-positive pregnant women who received ART to reduce the risk of Women-to child-transmission (MTCT)

PMTCT ART Nine Months Performance and Target for EFY 2014.



KEY FINDINGS

- PMTCT ART national aggregate performance for EFY 2014 nine months is 82%. This reported value is higher by 1% point compared with the baseline (last year performance) but showed 8%-point deficit compared with the target of the year.
- Region wise, PMTCT ART coverage showed large variation with a value as high as > 100% and as low as 31%.

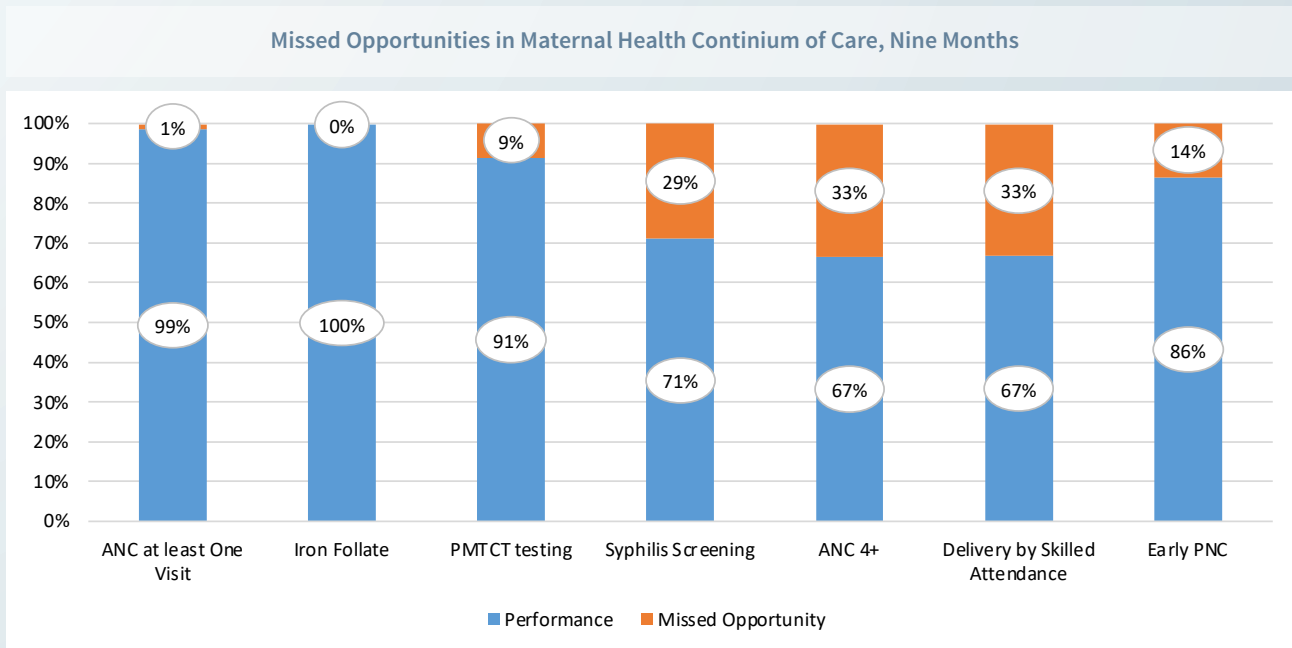
Comparison with last year's performance (Baseline)

- Except three regions who performed less than last year's performance, namely Somali (by 39%), Amhara (by 10%) and SNNP (by 1%), the remaining regions performed greater than or equal to the previous year performance.

Comparison with target set for the year

- Addis Ababa, Gambella and Benishangul-Gumz performed above the target for EFY 2014. The remaining regions are behind the target with ranges of 5% to 59%. Sidama (by 59%), Somali (by 40%), afar (by 24%), Dire dawa (by 23%), SNNP (by 15%), Amhara (by 14%), Oromia (by 11%) and Harari (by 5%). This indicated that those regions with low performance may not achieve the target.

**Status of maternal health key interventions



KEY FINDINGS

- Out of the expected pregnant women, 99% got the first antenatal care in the reporting period. Based on the report, 100% of pregnant women received iron folate 90 plus supplementation which indicates that we are moving in the right direction with this service provision. However, continuity of the ANC follow-up to the fourth visit or more and delivery by skilled attendant showed huge gap (33%) compared with the first ANC uptake. This generally means, about one in three of pregnant mother with first ANC visit are unable to go through four or more visits, do not get tested for syphilis and do not deliver in a health facility.



9. Maternal Mortality

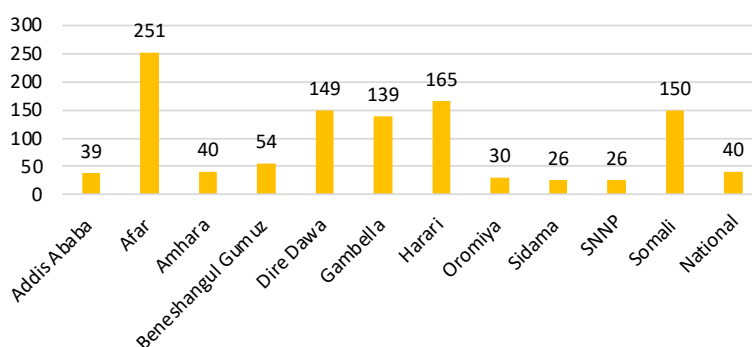
9.1. Institutional Maternal Mortality Ratio



KEY FINDINGS

- From a total of 1,672, 039 deliveries by skilled personnel, 664 maternal deaths reported nationally. The national institutional mortality ratio was 40/100,00 live births. The highest institutional mortality ratio was reported from Afar (251), followed by Harari (165), Somali (150), Dire Dawa (149), and Gambella (139). Sidama and SNNP had the lowest institutional maternal mortality ratio during the last nine months.

Institutional maternal mortality ratio per 100000 live births, EFY 2014 Nine Months



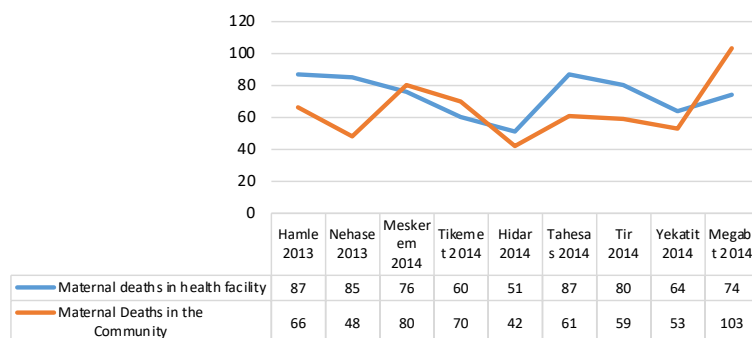
9.2. Maternal Death Notification



KEY FINDINGS

- Number of reported maternal deaths from facilities ranges between 51 and 87. The reported number is very low compared to that of the estimated 401 maternal deaths per 100000 live births.
- Efforts to improve the reporting of maternal deaths, their review and response must be amplified.

Community and Health Facility Maternal Death Reported in last nine months



Region	Estimated # of death (2014)	Nine Months Estimated death	Nine Months Reported Death	
			Number	%
Afar	234	176	43	25%
Amhara	3,092	2319	220	9%
Oromia	5,563	4172	436	10%
Somali	824	618	172	28%
B/Gumuz	165	124	34	27%
SNNP	2,366	1775	216	12%
Sidama	634	476	25	5%
Gambella	62	47	24	52%
Harari	34	26	14	55%
Dire Dawa	69	52	17	33%
Addis Ababa	360	270	45	17%
National	14,195	10646	1246	12%



KEY FINDINGS

- Assumptions for estimated maternal death is 401 maternal deaths per 100,000 live births extrapolated to each region.
- During the nine months of EFY 2014, the number of maternal deaths reported (health facility + community) was very low. Only 12% of the estimated maternal deaths are reported. Root cause analysis and serious intervention must be designed to improve reporting of maternal deaths.



Conclusion (Maternal Health)

- Nationally among the maternal health indicators ANC first visit, iron folate supplementation, PMTCT testing and early PNC indicators are performed better while the contraceptive acceptance rate, ANC4+, syphilis test, and deliveries by skilled birth attendant's performances need improvement.
- There is huge Performance-target difference for all indicators across the regions. Target for all indicators is not achieved except supplementation of Iron folate and ANC first visits. Addis Ababa, Sidama and Harari regions relatively performed better for most of the indicators.
- As there are no reports from Tigray region, the eligible and performance are excluded from the overall analysis.

CHILD HEALTH SERVICE

DATA ANALYTIC REPORT

2014 EFY 9 MONTH ANALYSIS

INDICATORS



- Immunization Program
- Integrated management of Childhood illness program
- Nutrition Program



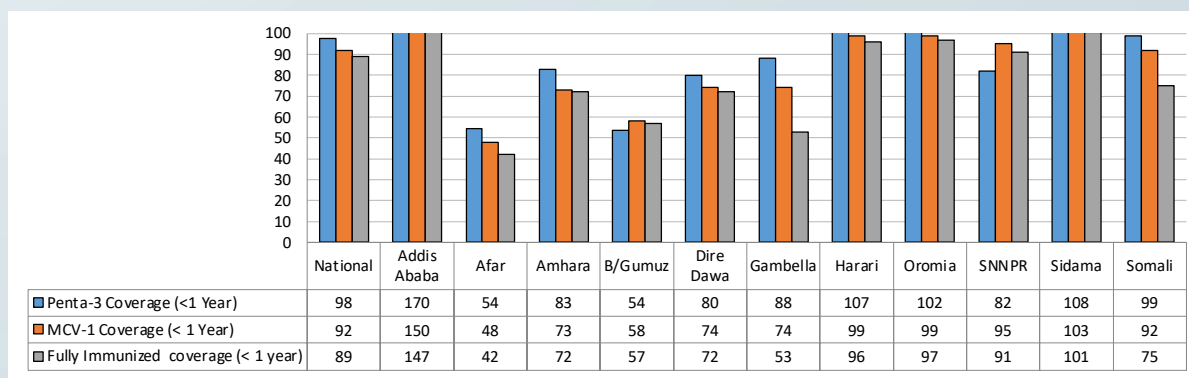
PERIOD

Nine Months Performance
(Hamle 2013- Megabit 2014)

I. Immunization Program

Penta-3, MCV-1, and Fully Immunized Coverage by Region, Nine Months, EFY 2014

Penta3, MCV1 and Fully immunized EFY 2014 nine month performance by region

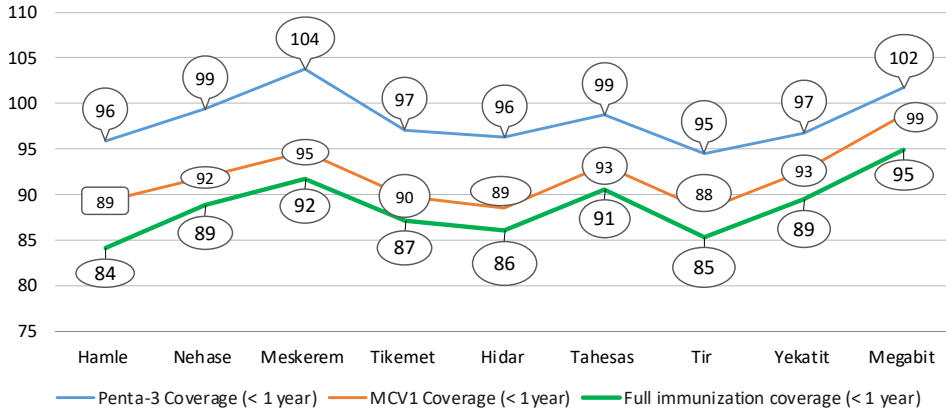


KEY FINDINGS

- The national Nine Months performance of Penta 3, MCV1 and Fully immunized are 98%, 92% and 89% respectively. There is regional discrepancy and regarding Penta3 – Addis Ababa, Harari, and Sidama and Oromia have very high performance with >100% while Afar and Benishangul-Gumuz performed low.
- Five regions' (Addis Ababa, Harari, Oromia, Sidama and Somali) performance of Penta-3 and MCV1 during the nine months is greater than or equal to the national average while the remaining six regions achieved below the national average.
- Regarding fully immunized, the performance of five regions (Addis Ababa, Harari, Oromia SNNP and Sidama) is greater than or equal to the national average.

Penta-3, MCV-1, and Fully Immunized Coverage monthly trend, Nine Months, EFY 2014

EFY 2014 Nine Months trend of Penta 3, MCV1 and Full immunization coverages

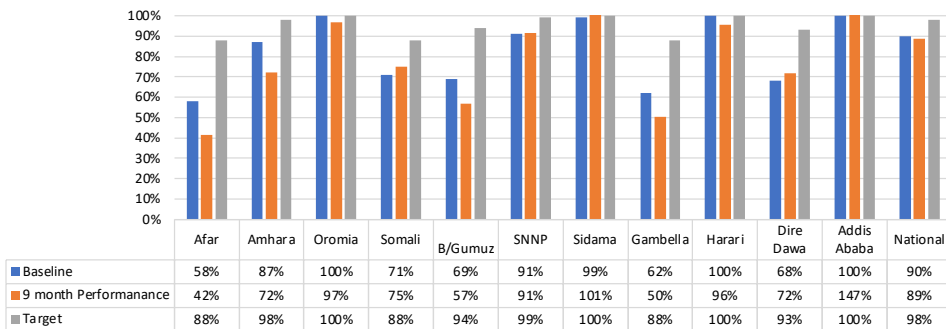


KEY FINDINGS

- Penta-3, MCV-1 and Fully Immunized nine months trend is similar and there was continuous increment in months of quarter one and quarter three while performance declined in months of quarter II. The decline in quarter is most likely related to the decline in report completeness from Tikimet to Tir.
- Meskerem and Megabit were the months where high performance reported and Tir was the lowest for almost all the three immunization coverages.

Fully Immunized Baseline, Nine Months Performance and Target by Region, EFY 2014

Baseline, EFY 2014 Target and 9 months Performance of Fully immunized by Region

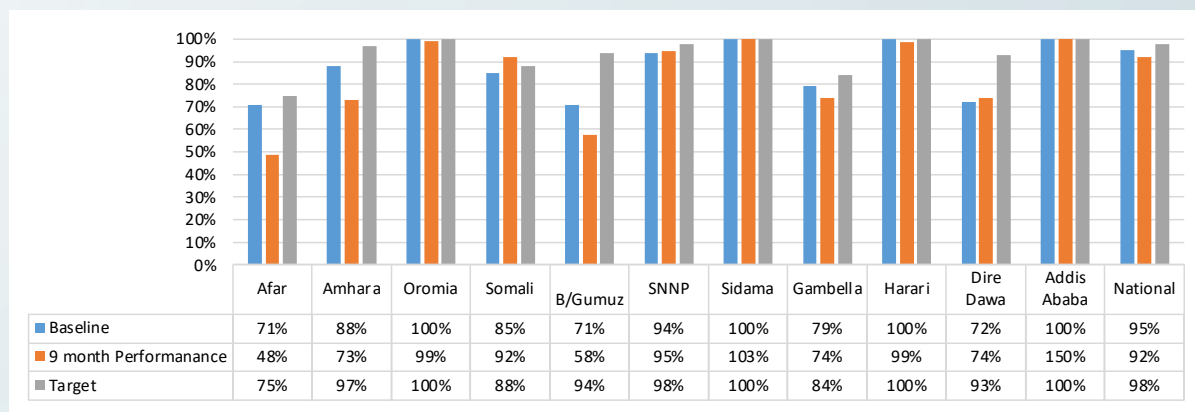


KEY FINDINGS

- The Nine months national aggregated performance of fully immunized children is 89%. It is one percent below the baseline and nine percent below the target.
- Regions vary by performance and Addis Ababa and Sidama are the only regions that met or exceed their target. Addis Ababa, Sidama, Harari, SNNPR and Oromia were regions which performed above the national average
- Afar, Amhara, Somali, B/Gumuz, Gambella and Dire Dawa regions look way below their target
- The performance of Afar, Amhara, B/Gumuz and Gambella regions way below their baseline, could be due to security reasons.

MCV-1 Baseline, Nine Months Performance and Target by Region, EFY 2014

Baseline, EFY 2014 Target and 9 months Performance of MCV1 by Region

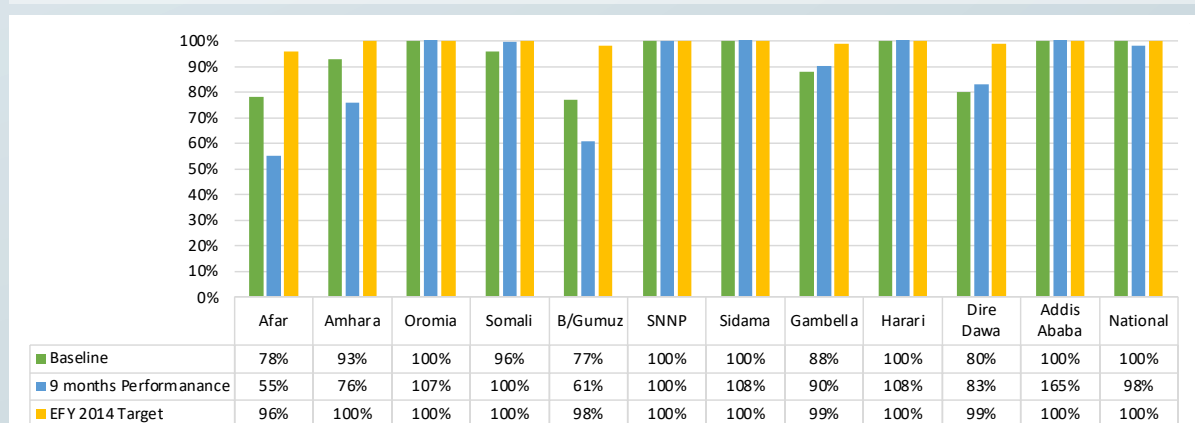


KEY FINDINGS

- The aggregate national MCV-1 performance of last nine months of EFY 2014 is 92%. The performance is 3 and 6 percent s below the baseline and the target respectively.
- Addis Ababa, Sidama and Somali are the only regions, which met or exceeded their target and Oromia and Harari have achieved their target marginally. SNNP was also able to perform above the national average.
- As with the full immunization, Afar, Amhara, B/Gumuz, Gambella and Dire Dawa regions look way below their target and far from catching-up in the fiscal year
- The performance of Afar, Amhara and B/Gumuz regions, way below their baseline, could be due to due to the security problem.

Penta-3 Baseline, Nine Months Performance and Target by Region, EFY 2014

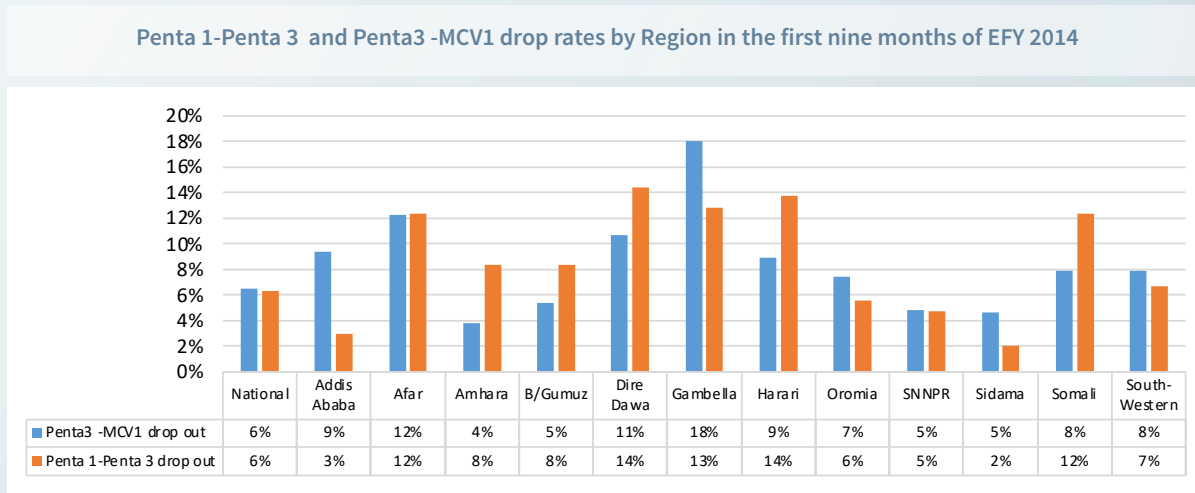
Baseline, EFY 2014 Target and 9 months Performance of Penta3 by Region



KEY FINDINGS

- The national performance of Penta3 coverage is 98%. It is below both from the baseline and the target by 2 percent.
- There is regional variation and Dire Dawa Gambella, Benishangul-Gumuz, Amhara and Afar performed below the national average and their targets and the remaining regions performance is above or equal to the national average and their targets.-
- The performance of Afar, Amhara and B/Gumuz regions, way below their baseline, could be due to due to the security problem.

Penta-1 to Penta-3 & Penta-3 to MCV-1 dropout rate by region, Nine Months, EFY 2014



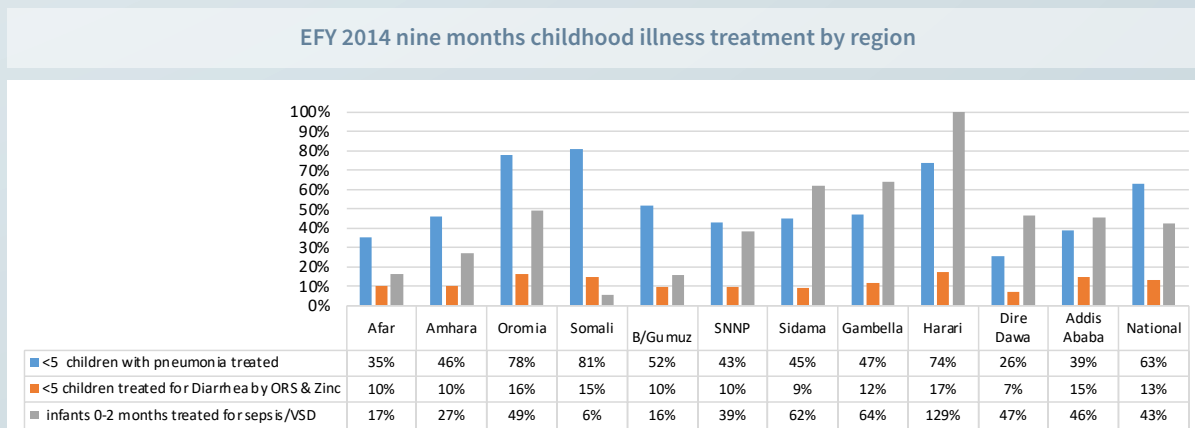
KEY FINDINGS

- Aggregated national nine months Penta-1 to Penta-3 dropout rate is 6%. Regional dropout ranges from 2% (Sidama) to 14% (Harari).
- Aggregated national nine months Penta-3 to MCV-1 dropout rate is also 6%. Regional dropout ranges from 4% (Amhara) to 18% (Gambella).

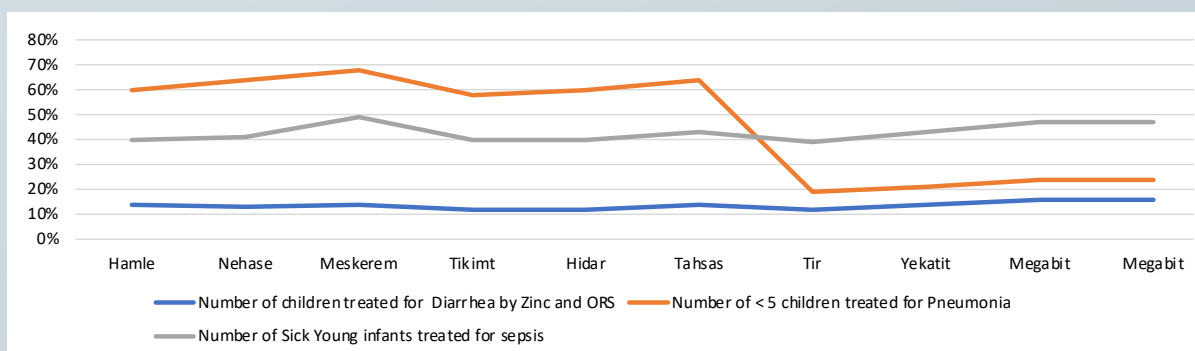


II. Management of Childhood illnesses

Childhood Illnesses Treatment Coverage by Region



Nine month Trend of Treatment coverage of Child hood Illnesses in EFY 2014



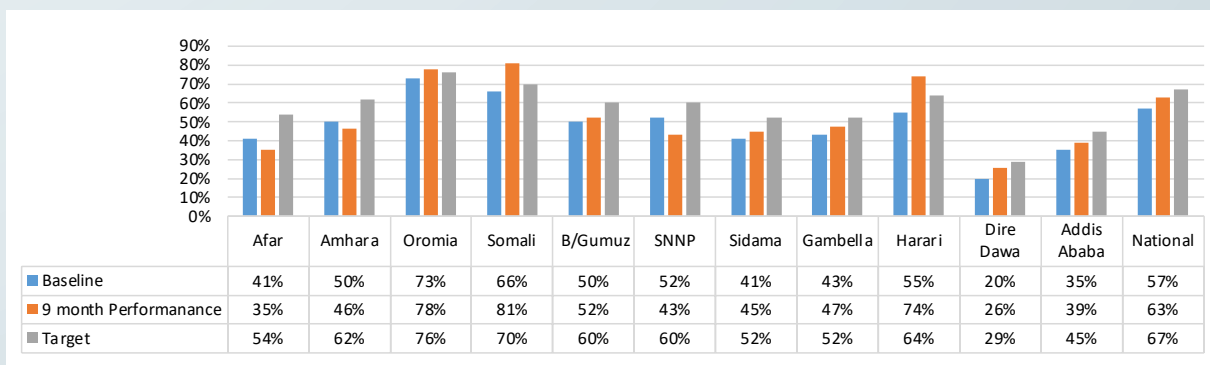


KEY FINDINGS

- All the national coverages, particularly of treatment by ORS & Zinc look quite low.
- Pneumonia treatment coverage is highest for Somali and lowest for Afar. It is above the national average in Somali, Oromia and Harari.
- Treatment coverage for Diarrhea is highest for Harari and lowest for Dire Dawa. It is above the national average in Harari, Oromia, Somali and Addis Ababa regions
- Treatment coverage for sepsis is highest for Harari and lowest for Somali. It is above the national average in Harari, Gambella, Sidama, Oromia, Dire Dawa and Addis Ababa regions
- Treatment coverage of Pneumonia sharply declined On the month of Tahsas and the low trend sustained until Magabit which requires close investigation and action

Under five Pneumonia Treatment Baseline, Nine Months Performance and Target by region, EFY 2014

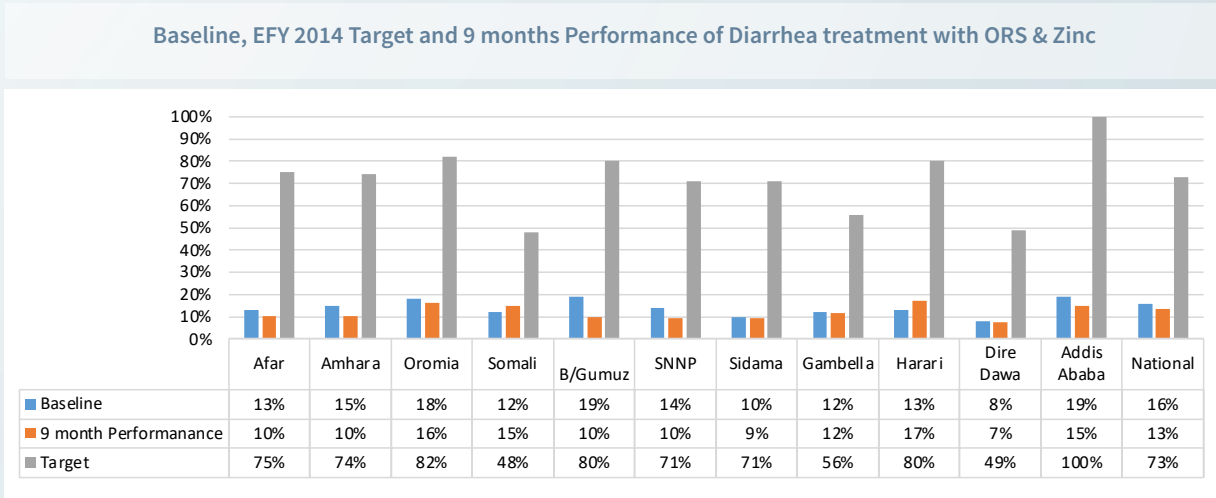
Baseline, EFY 2014 Target and 9 months Performance of under five Pneumonia treatment coverage by Region



KEY FINDINGS

- The national target is nearly achieved. Three regions (Harari, Somali and Oromia) have achieved their EFY 2014 targets and their performance is above the national average
- Afar, Amhara and SNNPR regions, which performed below their baseline is worth noting, although it could be explained at least partly by the security problem.

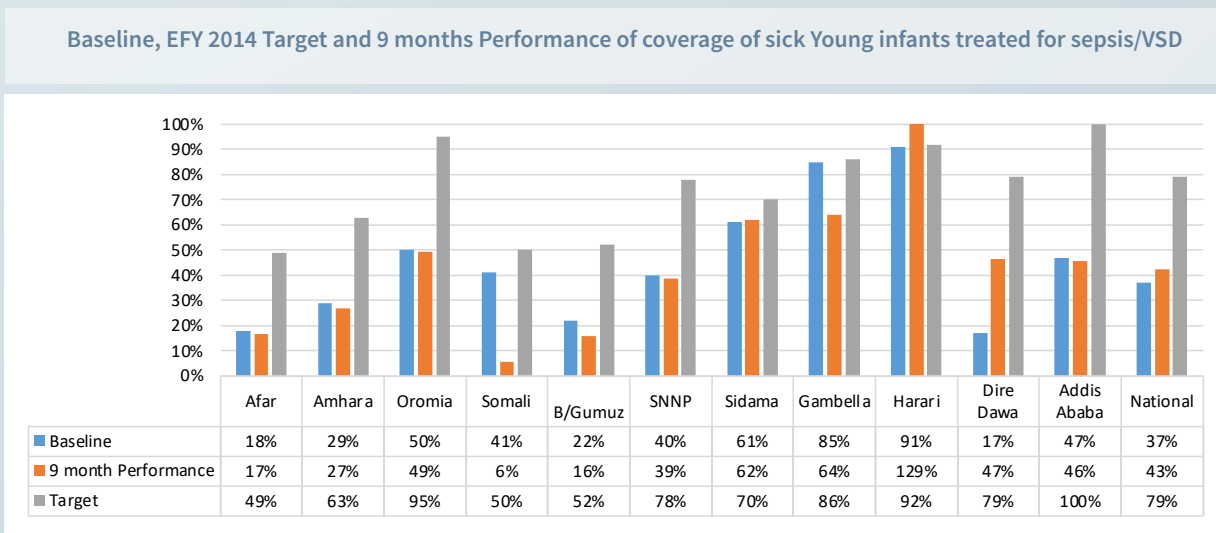
Diarrhea Treatment with ORS & Zinc Baseline, Nine Months Performance and Target, EFY 2014



KEY FINDINGS

- The national target is way below achievement and no region is close enough to achieve its EFY 2014 targets.
- However, Harari, Oromia, Somali and Addis Ababa have performed above the national average.
- All regions except Somali, Gambella and Harari have performed below their baseline that is worth noting, although it could be explained at least partly by the security problem.

Infants Sepsis Treatment Baseline, EFY Target and Nine Months Performance of coverage of sick young infants treated for sepsis/VSD

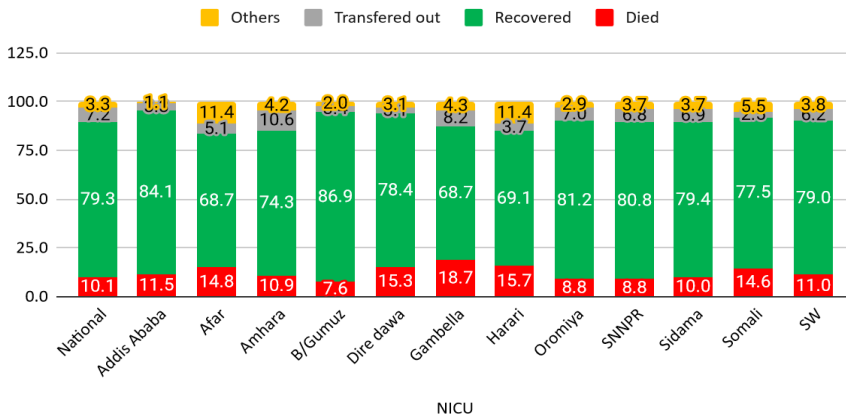


KEY FINDINGS

- The national target is way below achievement and Harari is the only region, which has achieved and exceed its target.
- All regions except Sidama and Harari have performed below their baseline, which is worth noting.

CHILD HEALTH SERVICE

EFY 2014 nine months data of Treatment outcome of neonates admitted to NICU

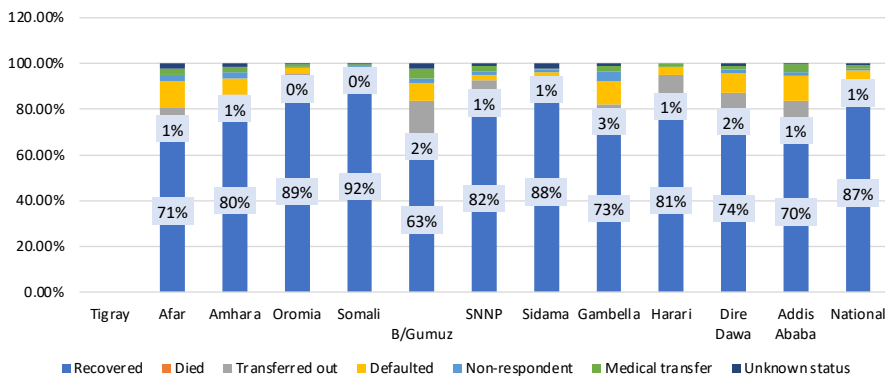


KEY FINDINGS

- The fact that the national death rate of 10%, which is within the expected threshold of less 15%, is encouraging. Three regions (Gambella, Harari and Dire Dawa) have exceeded the 15% benchmark.
- The expected cure/recovery rate of 85% is has not been achieved at national level and by all regions except B/Gumuz.
- The lowest death rate in B/Gumuz and the highest in Gambella

EFY 2014 nine months' data of SAM treatment outcome by region, EFY 2014

EFY 2014 nine months data of SAM treatment outcome by region , EFY 2014



KEY FINDINGS

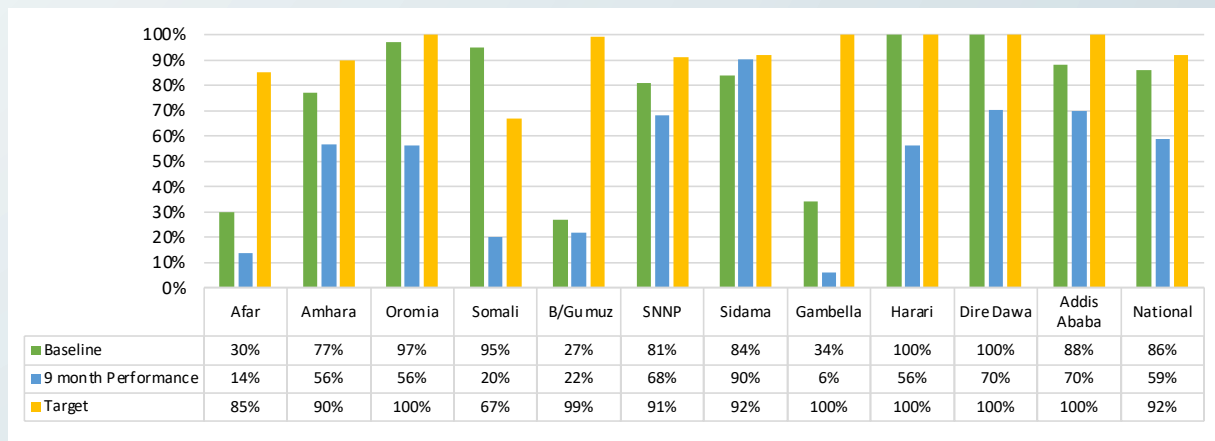
- The fact that the national death rate of 1%, which is within the expected threshold of less 5%, is encouraging. No region has exceed this threshold.
- Most regions have met the expected cure rate of 75% except Afar, B/Gumuz, Dire Dawa and Addis Ababa,
- Oromia and Sidama registered the lowest death rate and Gambella the highest



III. Nutrition Program/Services

Vitamin A Supplementation baseline, Nine Months Performance and Target, EFY 2014

Baseline, EFY 2014 Target and 9 months Performance of Vitamin A supplementation coverage by region

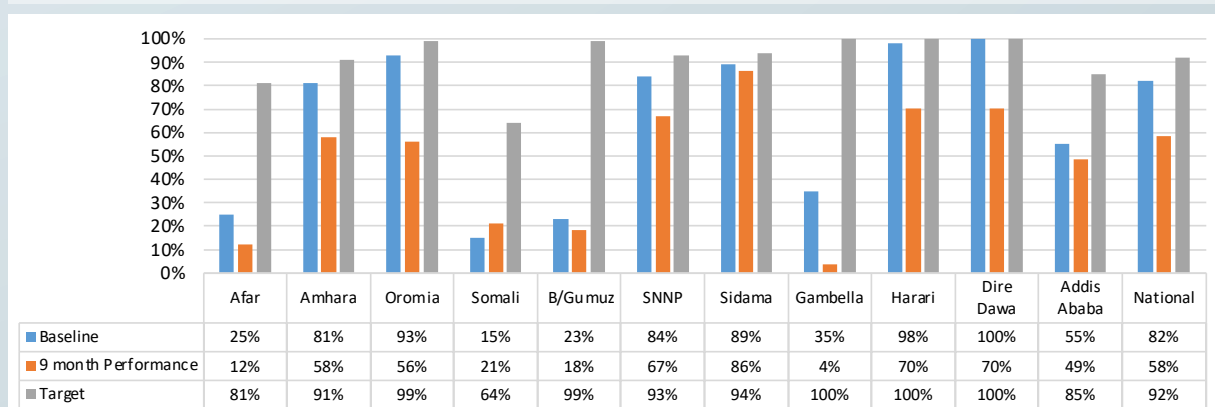


KEY FINDINGS

- The national target is way below achievement and no region is close enough to achieve its EFY 2014 targets except Sidama.
- However, Sidama, Addis Ababa, Dire Dawa and SNNP have performed above the national average.
- All regions except Sidama have performed below their baseline, which is worth noting.

Deworming baseline, Nine Months Performance and Target, EFY 2014

Baseline, EFY 2014 Target and 9 months Performance of Deworming Coverage of children aged 2-5 years by region

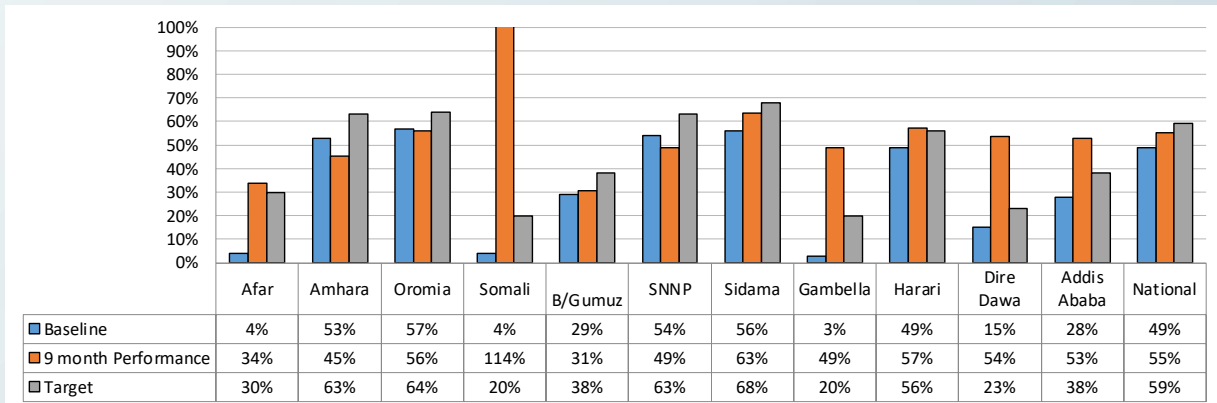


KEY FINDINGS

- The national target is way below achievement and no region is close enough to achieve its EFY 2014 targets except Sidama.
- However, Sidama, Addis Ababa, Dire Dawa and SNNP have performed above the national average.
- All regions except Somali have performed below their baseline, which is worth noting.

Growth Monitoring baseline, Nine Months Performance and Target, EFY 2014

Baseline, EFY 2014 Target and 9 months Performance of GMP Coverage of children aged under 2 years by region



KEY FINDINGS

- The national target is nearly achieved. Six regions (Addis Ababa, Dire Dawa, Harari, Gambella, Somali and Afar) have achieved their EFY 2014 targets and their performance is above the national average.
- Oromia and Sidama have performed above the national average although they are short of meeting their targets.
- Three regions (Amhara, Oromia and SNNP) have performed below their baseline that is worth noting, although it could be explained at least partly by the security problem.

DISEASE PREVENTION AND CONTROL PROGRAMS

DATA ANALYTIC REPORT

2014 EFY 9 MONTH ANALYSIS



INDICATORS

- Number of Malaria cases per 1000 population at risk
- Mortality due to malaria per 100,000 population at risk



PERIOD

Hamle 2013- Megabit 2014



Malaria (Morbidity and Mortality)

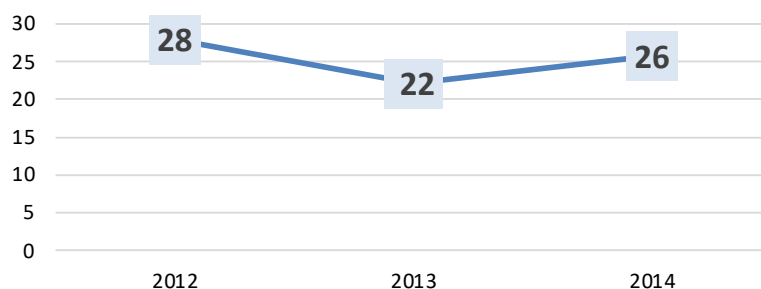
1. Result: Number of malaria cases per 1000 population at risk from 2012 EFY to Megabit 2014 EFY



ASSUMPTIONS AND FINDINGS

- According to the national malaria risk stratification performed in 2020, nationally around 52.7 % of the total population is at risk of malaria with varying risk among regions: Tigray (51.7%), Afar (98.2%), Amhara (40.4%), Oromia (56.1%), Somali (99.8%), Benishangul-Gumuz (95.7%), SNNP (58.5%), Sidama (48.3%), Gambella (98.7%), Harari (75%) and Dire Dawa (94%). Addis Ababa is considered as malaria free. Due to unavailability of report from Tigray region, it is excluded from this analysis.
- Miazia 2014 – Sene 2014 average estimation was computed from last two years' similar period average due to seasonal variation of malaria within a given year.

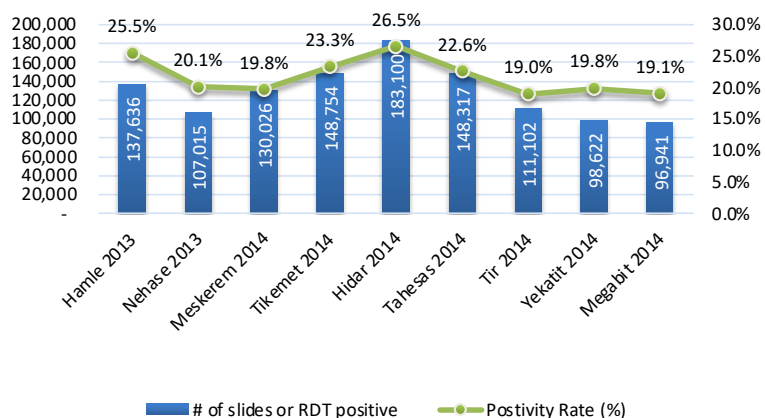
Trend of Malaria cases per 1000 population at risk



FINDINGS

- Number of malaria cases per 1000 population at risk was decreased in 2013. However, by the end of the year (2014), compared to the preceding year period number of case per 1,000 population at risk is expected to show slight increase.
- Monthly number of cases after Nehase was increasing until Hidar and started decreasing on Tahisas, and usually the pick malaria cases expected after the main rain season (Sene-Nehase).

Monthly Malaria Positive case and Positivity Rate





FINDINGS

- In the first nine month of 2014, a total of 1,161,513 confirmed cases were identified by testing 5,309,226 suspected cases with 21.9 positivity rate, the highest number of case, test and positivity rate reported in the months of Hidar 2014. The number of case increased by 6.8% compared to last year similar period. The increase number of case might be related to an increase in OPD visit per capita (by 35% compared with similar time 2013) and due to the early beginning of minor transmission season.

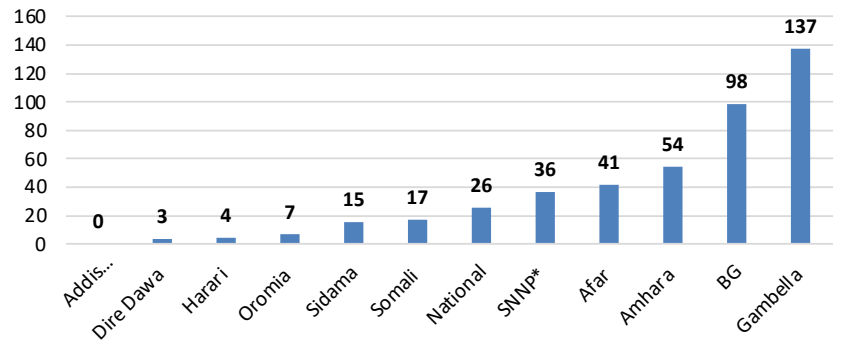
Total Malaria Case Monthly Comparison of 2013 EFY vs 2014 EFY

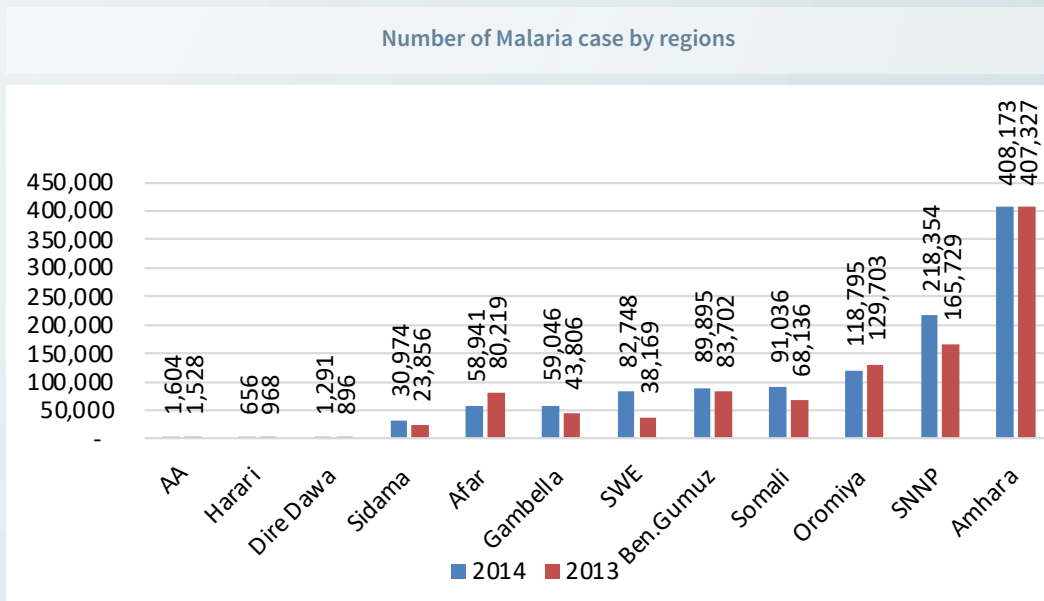


FINDINGS

- The highest number of case reported from Amhara region followed by SNNPR and Oromia region; on the other hand, Harar, Afar, and Oromia regions showed decrease number of case, the rest regions reported an increase number of case compared with similar time period of 2013.

Malaria Cases per 1000 population at risk in EFY 2014





FINDINGS

- Based on the first nine months data of EFY 2014 and extrapolation for the rest of the year, the highest number of malaria cases per 1,000 populations at risk is from Gambella, followed by Benishangul Gumuz, Amhara and Afar and high number of case will be reported from Amhara, SNNPR followed by Oromia region.
- High malaria case per 1,000 population at risk reported from Gambella region despite the lowest average reporting rate (12%) and one of the lowest OPD visit per capita (0.4) among regions during the nine months period.
- Lowest number of malaria cases per 1,000 populations at risk is reported from Dire Dawa followed by Harari, Oromia, and Sidama.
- Other factors, such as security situation in Benishangul –Gumuz, Afar, Amhara and Oromia, might have impact on the disease burden and has to be considered in the interpretation of the results.



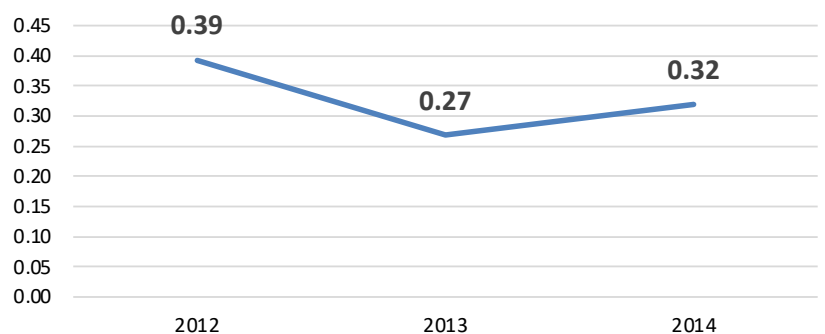
2. Result: Mortality due to malaria per 100,000 population at risk from 2012 EFY –Mega-bit 2014 EFY



ASSUMPTIONS AND KEY FINDINGS:

- From Miazia to Sene average mortality for EFY 2014 was taken from last two years' similar period average due to seasonal variation of malaria within a given year.

Malaria deaths per 100,000 population at risk



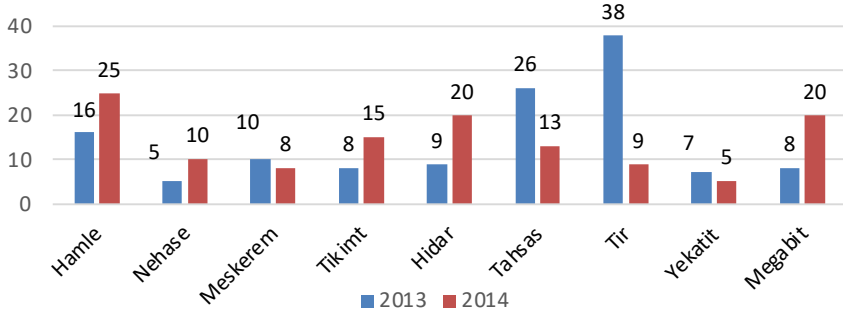
MALARIA



ASSUMPTIONS AND KEY FINDINGS:

- Malaria death per 100,000 risk population, which decreased in 2013 from the HSTP II baseline, is now showing slight increase in EFY 2014. The slight increase might be related to few regions with high number of death reported, which needs further investigation with death audit and the overall increase number of cases in the reported period.

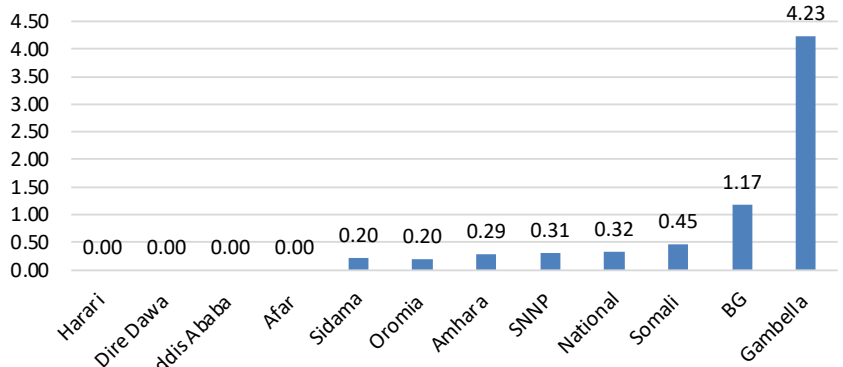
Monthly Malaria Death Comparison of 2013 EFY vs 2014 EFY



ASSUMPTIONS AND KEY FINDINGS:

- The increased trend of mortality from in Tikimt andHidar compared with Nehase could be related to the overall increase in malaria cases during the pick season. However, the high mortality in Hamle, Tikimit, Hidar and Megabit looks due to the disproportionately high mortality report from Somali region (14 in Hamle), Oromia (6 in Tikimit and 10 in Hidar) and Megabit (8 Gambella) needs further investigation of the data.
- In nine month period, 125 death reported, 37 (39%) of the death report were from Oromia regions and the number of death due to malaria in nine months decreased by 1.6% compared with similar period of last year.
- Regional mortality trend ranges from the lowest in Harari, Dire Dawa, Afar and Addis Ababa (0.00) and highest in Gambella (4.23) per 100,000 populations at risk.

Malaria deaths per 100,000 population at risk by region in EFY 2014



OVERALL RECOMMENDATIONS

- The overall increase number of case in the first nine months of EFY 2014 compared with similar time period of 2013 EFY needs further investigation and interventions that will bring decrease number of cases has to be initiated for the rest of the year.
- The high malaria cases per 1,000 risk population and deaths per 100,000 risk population in Gambella and Benishangul Gumuz require close monitoring and support.
- The high number of malaria cases from Amhara and SNNPR regions requires closer monitoring and support.

HIV/AIDS Prevention and Control

DATA ANALYTIC REPORT

2014 EFY 9 MONTH ANALYSIS



INDICATORS

- Number of individuals tested and counselled for HIV
- Number of PLHIVs currently on ART
- Number of HIV positives newly started on ART
- Number of PLHIVs who Lost to follow up from treatment
- PLHIV who are currently on Appointment spacing model (ASM)
- Number of newly enrolled ART clients initiated on LTBI Treatment - 3HP and IPT
- Number of individuals that started Pre-exposure prophylaxis (PrEP)



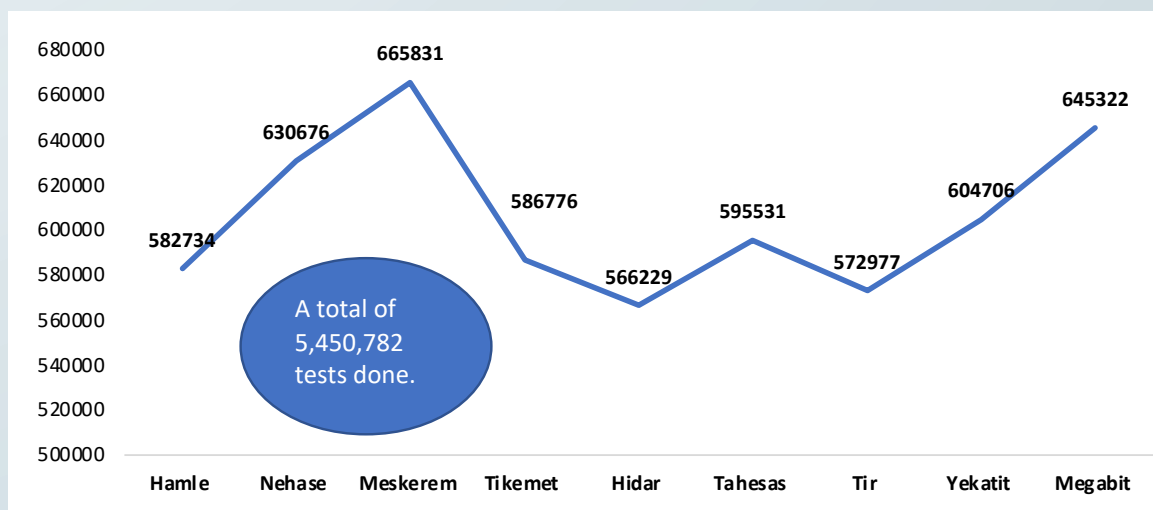
PERIOD

Nine months of 2014 EFY (Hamle 2013 to Megabit 2014 EFY)
 Comparison of performance in Q1, Q2 and Q3 of 2014 EFY
 Comparison of performance in 2013 EFY versus performance in 2014 EFY (Same quarter)
 Monthly trend (Q1 to Q2 and Q3 2014)



1. Number of individuals tested and counseled for HIV (Hamle 2013 to Megabit 2014)

No. of individuals tested for HIV, Hamle 2013-Megabit 2014 EFY

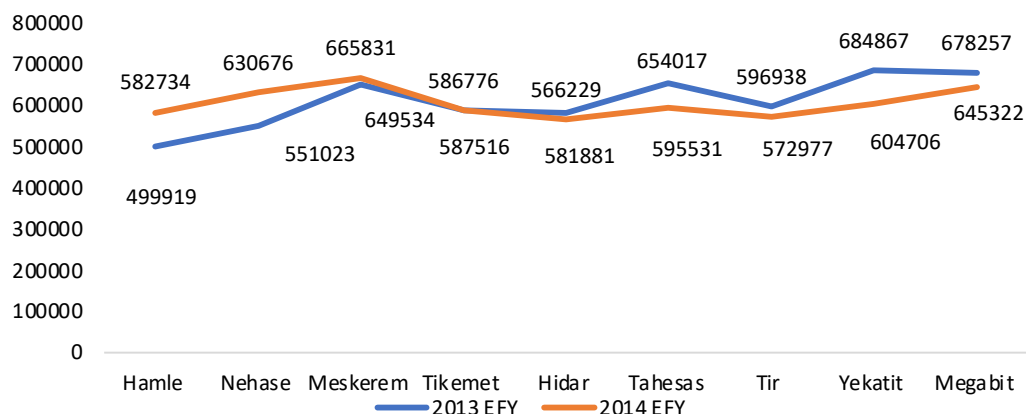


FINDINGS

Trend of HIV testing in the last nine months (Hamle 2013 to Megabit 2014)

- A total of 3,621,489 individuals received HIV testing and counselling service from Hamle 2013 to Megabit 2014 EFY
- In the first quarter, the number of monthly tests consistently increase from 582K in Hamle to 665K in Meskerem. However, in the second quarter, the number of HTS tests has decreased by more than 100,000 in the second quarter compared to the first quarter (1,879,241 tests in the first quarter compared with 1,748,536 total tests in the second quarter).
- Third quarter HTS test shows a monthly increasing trend unlike the second quarter. It has increased by more than 70,000 compared to the second quarter and less than by 55K compared to the 1st quarter performance.

Comparison of monthly number of individuals tested for HIV in 2014 EFY with similar months in 2013 EFY



Comparison of HIV testing performance between 2014 EFY and 2013 EFY (Similar Months)

- Number of HTS tests performed in the last nine months of 2014 EFY is lower than the no. of tests performed in the same months of 2013 EFY (5,450,782 in the nine months of 2014 EFY versus 5,483,952 in the nine months of 2013 EFY).
- Even if HTS test is higher by 9.5% in 2014 EFY (Q1) compared to Q1 of 2013 EFY, performance is low both in QII and QIII of 2014 EFY by 4% and 7% respectively.

2. HIV positivity Yield and Linkage to ART- 9 months performance (Hamle 2013 to Megabit 2014)

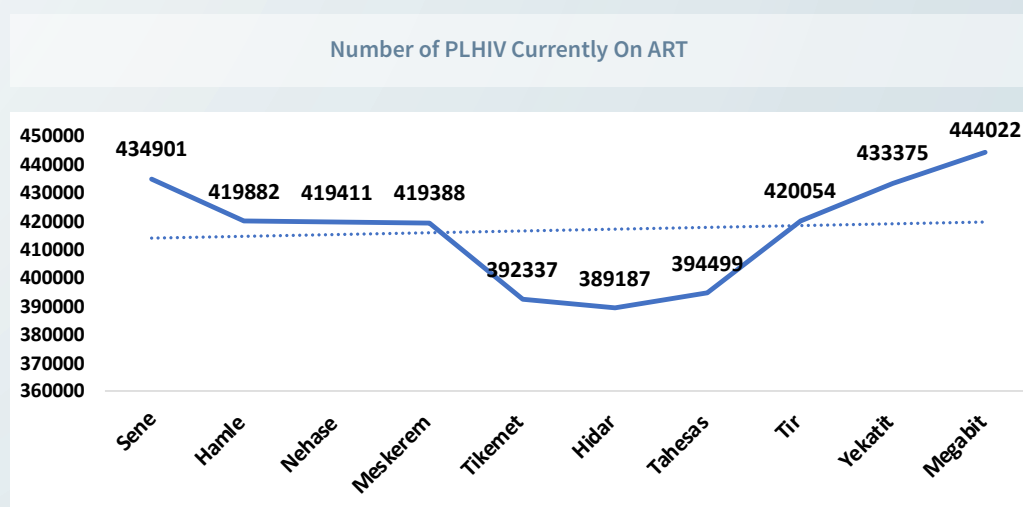
Region	Period : Hamle 2013 - Megabit 2014				
	Total HTS Tests	Total Positives	% Tested Positives	No. Newly started on ART	Percent linked to ART
Addis Ababa	425537	6416	1.5%	5255	82%
Afar	60483	435	0.7%	390	90%
Amhara	946135	5585	0.6%	4826	86%
Beneshangul Gumuz	40669	134	0.3%	138	103%
Dire Dawa	51862	317	0.6%	269	85%
Gambella	27620	670	2.4%	741	111%
Harari	34511	202	0.6%	294	146%
Oromiya	2708882	8825	0.3%	7817	89%
Sidama	276375	836	0.3%	573	69%
SNNP	605286	2168	0.4%	1831	84%
Somali	142274	1576	1.1%	134	9%
South Western E	131148	873	0.7%	749	86%
National	5450782	28037	0.5%	23017	82%



FINDINGS

- From the total 5.45 million tested individuals in nine months of 2014 EFY, 28,037 of them were tested positive for HIV (a Positivity yield of 0.5%).
- HIV positivity yield is highest in Gambella (2.4%) followed by Addis Ababa (1.5%) and Somali (1.1%). The lowest positivity yield is in Sidama (0.30%), oromia (0.3%) and Benishangul G (0.3%).
- Regions with the lowest yield in nine months of 2014 EFY are those, which have a similar low yield in the previous year as well. The reason for low performance should be investigated and actions needs to be taken.
- From the total newly identified HIV positives, 82% of them were linked to ART. Most regions, except Somali, have linked more than 80% of the identified positives to care & treatment. Linkage in Somali is only 9%.
- Gambella, Benishangul and Harari regions data should be investigated if the reported positives are re-tests since the total linkage is more than 100%.

3. PLHIVS WHO ARE CURRENTLY ON ART



Region	Sene	Hamle	Nehase	Meskerem	Tikemet	Hidar	Tahesas	Tir	Yekatit	Megabit
Addis Ababa	101080	102898	103343	103734	102791	103241	103855	104091	103727	104448
Afar	4390	4952	4844	4934	4781	5059	4513	4689	4769	4810
Amhara	145552	126570	125161	123178	97312	92372	96320	121579	134613	142122
Beneshangul Gumuz	4092	4083	3723	4099	4076	3746	3756	3898	3742	3737
Dire Dawa	6755	6882	6971	6751	6878	6759	6813	6660	8353	6731
Gambella	6576	7583	6932	7156	6728	7638	7751	6837	5954	7744
Harari	4224	4121	4127	4125	4157	4173	4296	4282	4255	5663
Oromiya	117095	117664	118537	119483	119617	119642	120400	120968	120714	121373
Sidama	10133	9920	10152	10037	10051	10132	10281	10242	10264	10392
SNNP	25805	25886	26162	26226	26466	26683	26756	26804	26876	26934
Somali	1952	2002	1991	2035	1757	2030	2175	2220	2233	2138
SWE	7247	7321	7468	7630	7723	7712	7583	7784	7875	7930
National	434901	419882	419411	419388	392337	389187	394499	420054	433375	444022

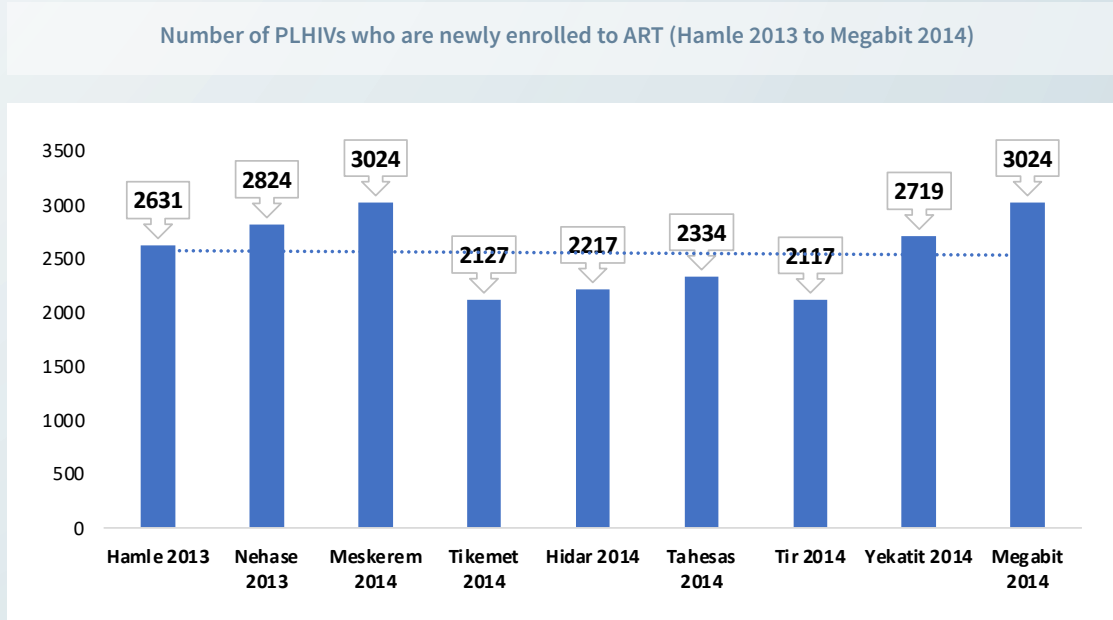


Findings on Currently on ART (TX_Curr)

Note: TX_Curr data here does not include data from uniformed facilities. It includes data from public health facilities only

- At the end of Megabit 2014, a total of 444,022 PLHIVs were receiving ART.
- The number of people currently on ART decreased consistently since the end of 2013 EFY till Hidar 2014. Beginning from Tahisas 204 the trend increased continuously. The first six months reduction in the number of PLHIVs currently on ART in Amhara and Benishangul Gumuz regions contributed for overall decline. More than 50,000 PLHIVs in Amhara who have been on ART on Sene 2013 are not reported in Tahsas 2014 EFY. After service restoration in many parts of Amhara in QIII TX_Curr has shown increment and still it is 2% behind from the TX_CURR reported in Sene 2013.

4. Number of PLHIVs who newly started ART (Hamle 2012 to Megabit 2014)



FINDINGS

In the last nine months of 2014 EFY, a total of 23,017 PLHIVs were newly started on ART

- On average, 2,558 PLHIVs were enrolled to ART every month.
- Number of PLHIVs newly enrolled to ART has decreased in the second quarter, compared to the first quarter, then increased in the last two months of QIII.
- As shown in the previous section, 82% of newly identified HIV positives were enrolled to ART in the last nine months of 2014 EFY.

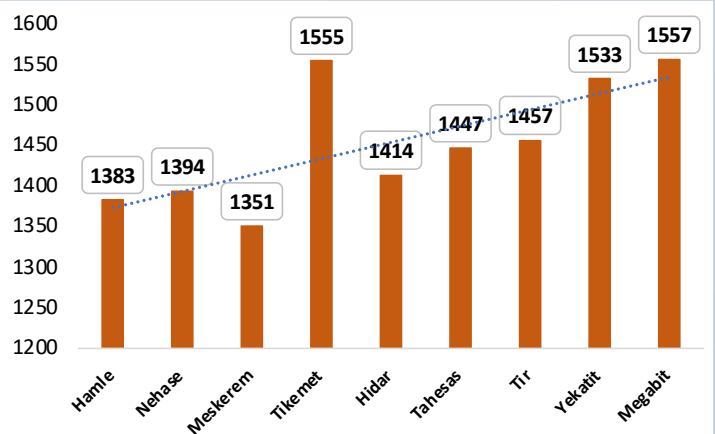
5. PLHIV who are Lost to Follow up (LTFU) from ART (Hamle 2013 to Megabit 2014)



FINDINGS

- From Hamle 2013 to Megabit 2014, 13,091 PLHIVs were lost to follow up from ART treatment. The monthly LTFUs ranges from 1351 (in Meskerem) to 1557 (in Megabit).
- LTFU was the highest in Tikimet and Megabit 2014 EFY.
- Regions and facilities with the highest LTFU should be identified and tracing mechanisms should be in place to return the LTFUs back to treatment. In addition, each facility should improve the ART service and design a mechanism to reduce LTFUs.

Number of Lost to followup Clients Hamle 2013 - Megabit 2014



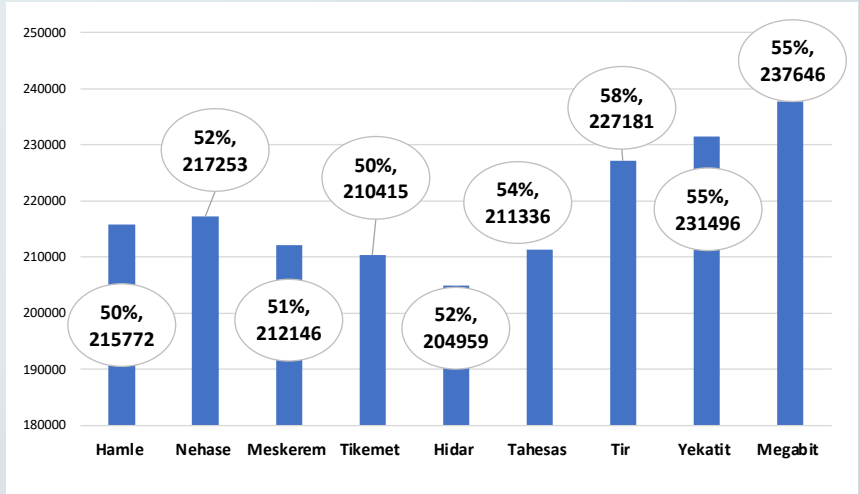
6. PLHIV who are currently on Appointment spacing model (ASM)



FINDINGS

- At the end of Megabit 2014 EFY, a total of 237,646 PLHIVs on ART (~55% of PLHIVs currently on treatment) were on appointment spacing (ASM) model.
- At the end of third quarter highest number of PLHIV were currently on ASM compared to the previous two quarters.
- It is good that many PLHIVs on ART are on ASM model during COVID-19 period

Total number of adult PLHIV currently on ASM in the reporting periods, EFY 2014.



7. Number of newly enrolled ART clients initiated on LTBI Treatment - 3HP and/or IPT (Hamle 2013 to Megabit 2014)

Number of newly enrolled ART clients initiated on LTBI Treatment - 3HP and/or IPT (Hamle 2013 to Megabit 2014)

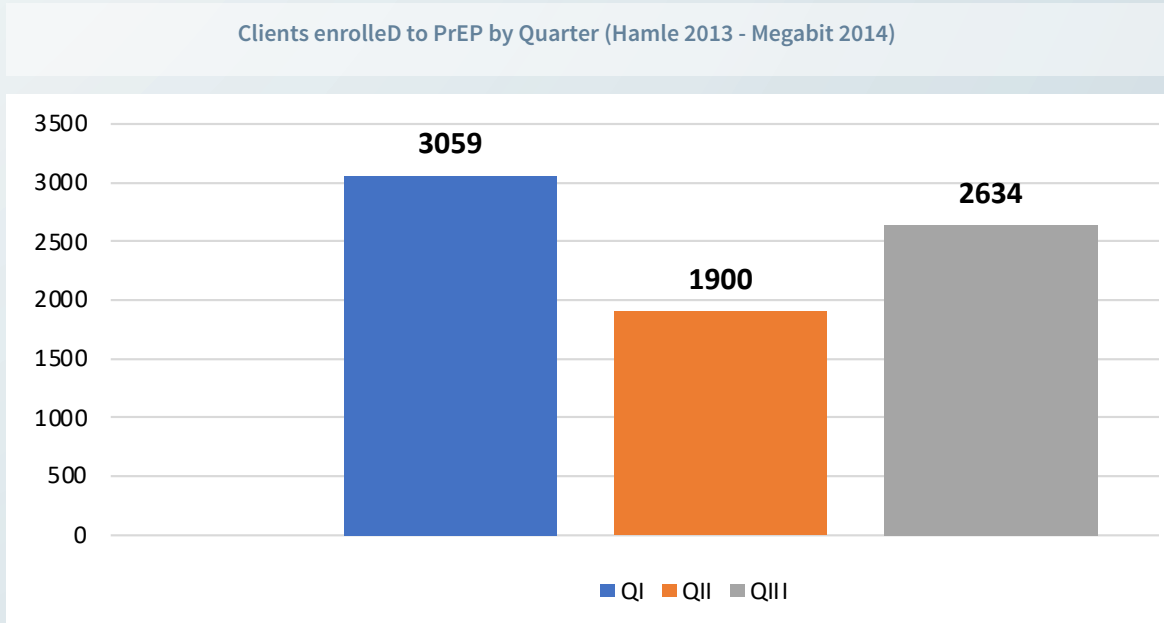
Initiated - 3HP, 5746



Initiated- IPT, 9289

From a total of 23017 newly on ART clients 65% started either of the LTBI treatments.

**8. Number of individuals newly enrolled on Pre-exposure prophylaxis (PrEP)
-(Hamle 2013 to Megabit 2014)**



FINDINGS

- A total of 7593 clients newly enrolled to PrEP in the last nine months of 2014 EFY.
- High Number of Clients enrolled to Care in QI compared to the remaining quarters.

Tuberculosis Prevention and Control Program

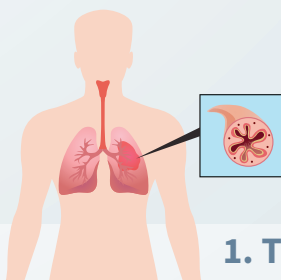
DATA ANALYTIC REPORT

2014 EFY 9 MONTH ANALYSIS



INDICATORS

- TB treatment coverage
- Community contribution for TB detection
- TB treatment cure rate; TB treatment success rate
- TB contact screening; TPT coverage
- DR TB: Number of cases detected

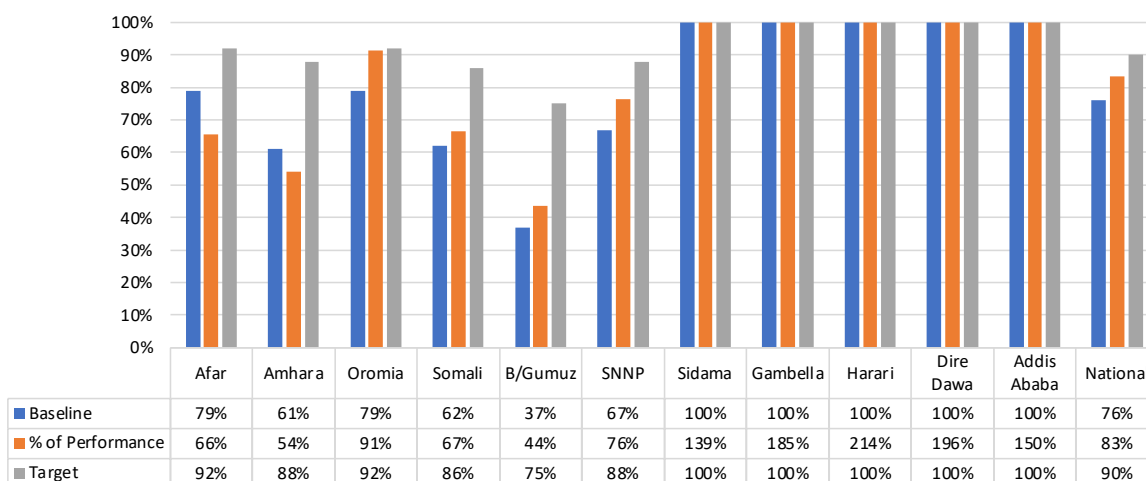


PERIOD

Hamle 2013- to Megabit 2014

1. Tuberculosis Treatment Coverage

TB Treatment Coverage, Nine Months performance compared with the baseline and target for 2014 EFY

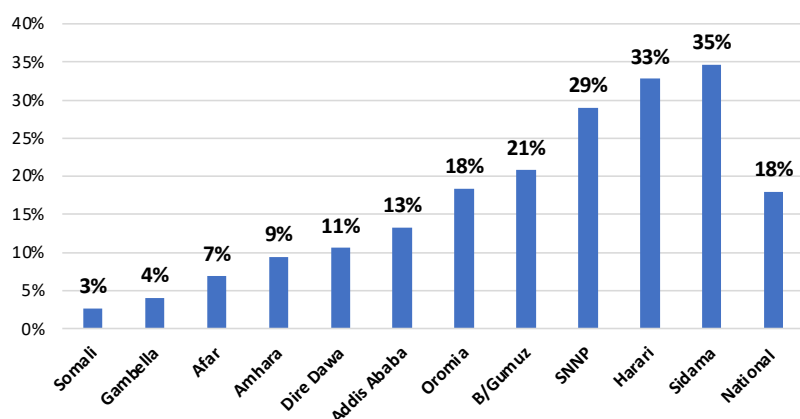


KEY FINDINGS ON TB TREATMENT COVERAGE

- The national nine months TB treatment coverage is 83%. This is higher than the previous fiscal year's performance (which was 76%) but lower than the planned 90%.
- TB treatment coverage is more than 100% in five regions (Siadama, Gambella, Harari, Dire Dawa and Addis Ababa).
- Low performing regions in detecting and treating TB: Afar (66%), Amhara (54%), and Benishangul Gumuz (44%). This may mainly be due to the conflict in these regions. Recovery plan and actions are required for these regions.

2. Community contribution for TB detection

Community contribution for TB detection, Nine months (Q1 - Q3), 2014 EFY



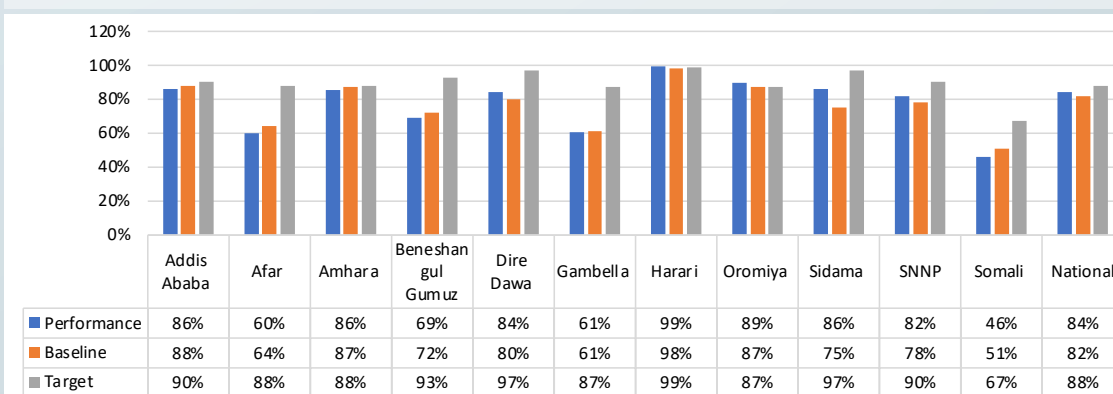
COMMUNITY CONTRIBUTION FOR TB DETECTION

- Identification of persons with suspected TB by community health workers and volunteers and referral to health facilities is essential for early diagnosis and treatment of TB cases. Engagement of the community is important for the success of TB prevention and control program
- In the nine months of 2014 EFY, from the total 82,045 TB cases detected, 15,158 (18%) were referred by community health workers.
- Sidama, Harari and SNNP regions have a high community contribution performance than other regions.
- Community contribution for TB detection is as low as less than 10% Somali (2%), Gambella (4%), Afar (7%), and Amhara (9%).

- **Conclusion:** The overall national community contribution for TB detection is good in the second quarter. It is 100% of the plan.
- The performance in special support regions, Dire Dawa Addis Ababa and Amhara require close follow up and support to improve active engagement in TB program and to reach at the minimum national target.

3. Tuberculosis cure rate

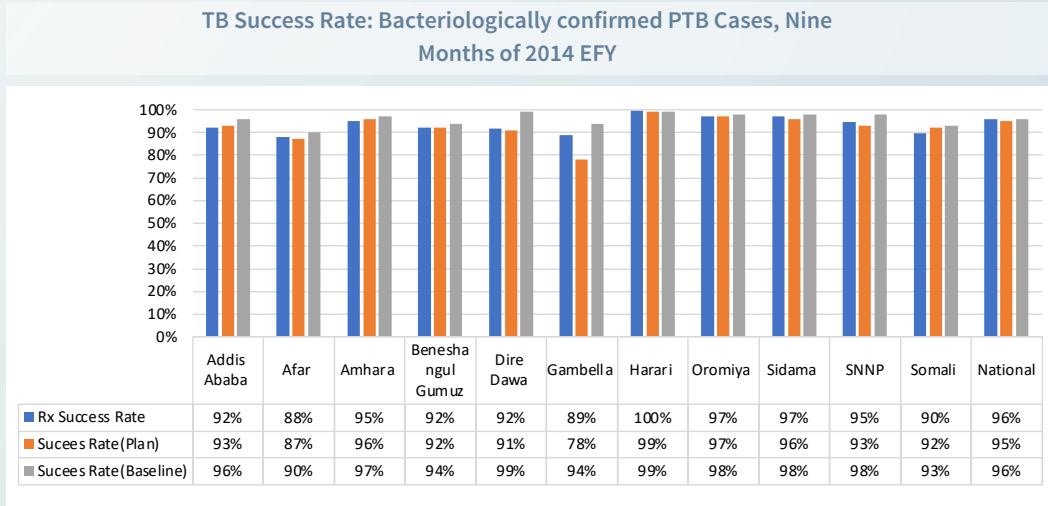
Cure Rate: Bacteriologically confirmed PTB Cases, Nine Months of 2014 EFY



Findings

- Cure rate of bacteriologically confirmed PTB cases in the last nine months of 2014 EFY was 84%. The plan was to achieve a cure rate of 88%.
- There is a regional disparity in cure rate, ranging between 46% in Somali region to 99% in Harari region.
- Low performance regions: Somali (46%), Afar (60%) and Gambella (61%).

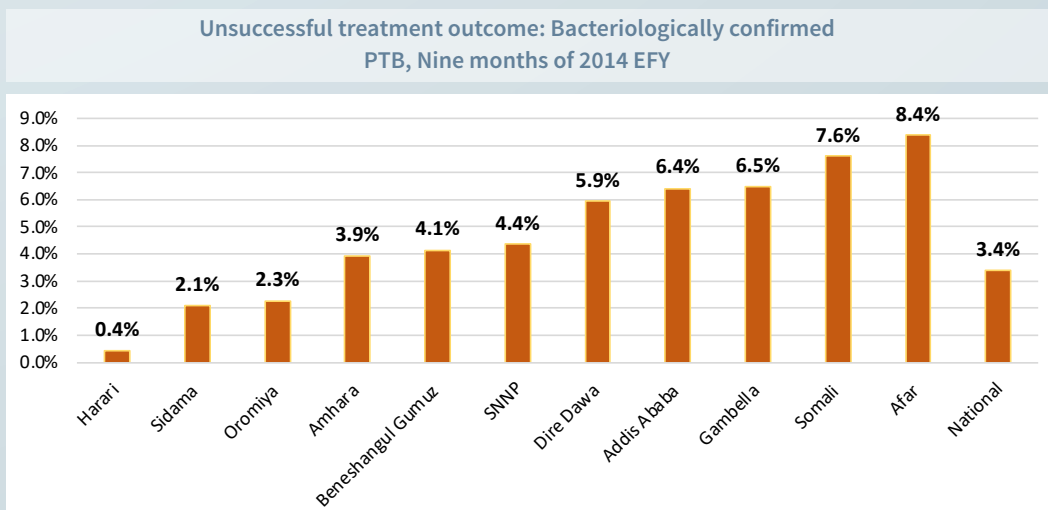
4. Tuberculosis TB success rate: Bacteriologically confirmed PTB cases



Findings – TB Success Rate

- The overall national TB treatment success rate for bacteriologically confirmed PTB cases was 96%, which is as per the plan.
- All regions except Gambella and Afar have a treatment success rate (of bacteriologically confirmed PTB cases) of more than 90%.
- The performance is similar to the baseline (2013 performance and the target for the fiscal year).
- Not much regional disparity is observed with the performance.

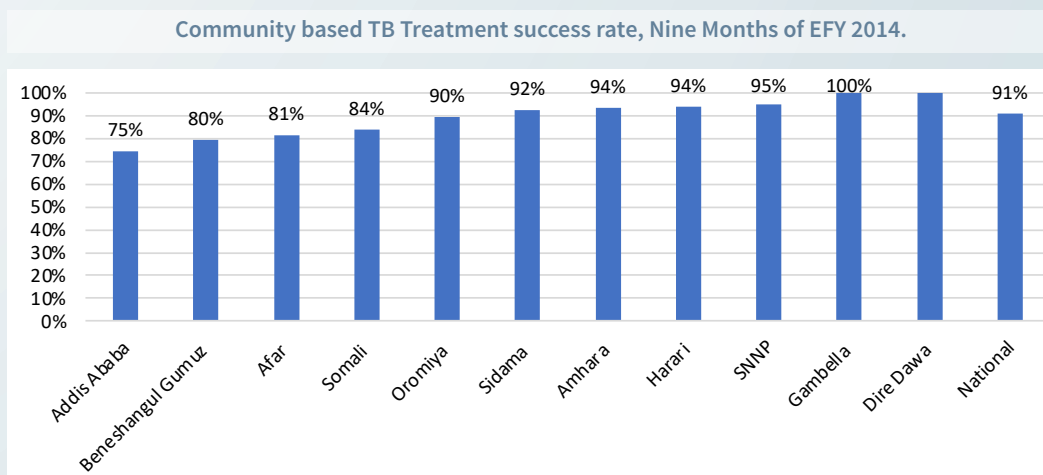
5. Unsuccessful treatment outcome: Bacteriologically confirmed PTB cases



UNSUCCESSFUL TREATMENT OUTCOME: BACTERIOLOGICALLY CONFIRMED PTB CASES

- From the total cohort of bacteriologically confirmed PTB cases, 3.4% of them had unsuccessful treatment outcome (died or treatment failed or lost to follow up).
- Afar (8.4%), Somali (7.6%), Gambella (6.5%) and Addis Ababa (6.4%) have a high proportion of bacteriologically confirmed PTB cases with an unsuccessful treatment outcome compared to other regions.

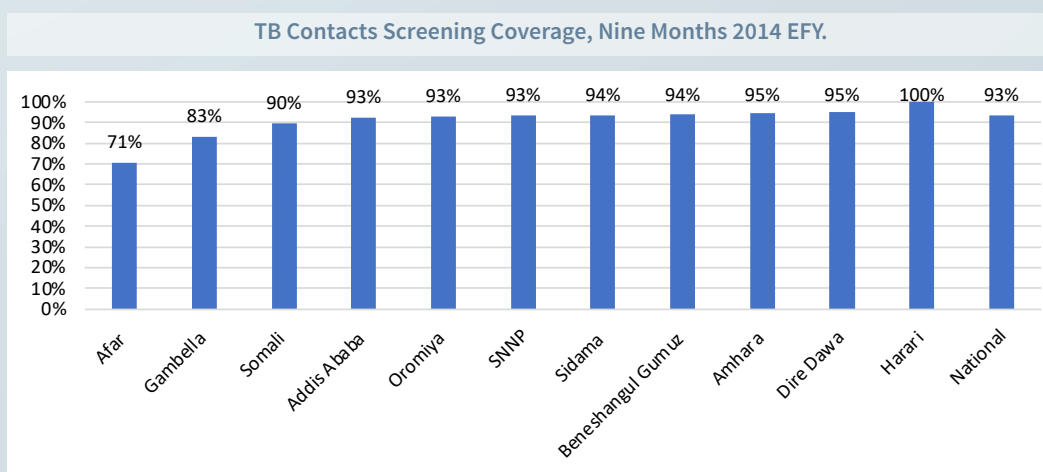
6. Community based TB Treatment success rate



Findings – TB Success Rate

- In the last nine months of 2014 EFY, a cohort of 13,504 patients with TB (all forms) given treatment adherence support at community level for at least full course of the continuation phase treatment completed treatment at health posts, among which 12318 (91%) of them has successfully completed their treatment.
- All regions have performed above or equal to 90% except Addis Ababa (75%), Somali (84%), Afar (81%), and BG (80%).

7. TB contact screening/Contact investigation coverage



Findings on Contact Screening for TB

- In the last nine months of 2014 EFY, 221, 236 contacts with index of TB cases (contacts of drug susceptible PTB and DR TB patients) were reported. Among these eligible contacts, 206, 584 (93%) of them were screened for Tuberculosis. All regions have a contact investigation coverage of greater than or equal to 90% except Afar and Gambella where the coverage was only 71% and 83% respectively.
- In the last nine months, a total of 54,347 children < 15-year contacts with index of drug susceptible pulmonary TB cases were reported, among which 53, 065 (98%) of them were screened for tuberculosis. This is a commendable performance.

8. TB Preventive Therapy (TPT) Coverage



- In the last nine months, 50,696 children <15 years of age were eligible for TPT (screened for tuberculosis and the result was negative).
- Among these eligible children, 38,815 (77%) received TB preventive therapy (TPT). The TPT regimens provided were 3HP, 3HR and 6H.
- Coverage was low in Benishangul-Gumuz (62%), Gambella (61%), and Somali (68%) regions. The remaining regions have a coverage of more than 70%.

Health Commodities Supply Chain Data Insights and Analysis – HIV program focused

1. Product Availability

The ultimate objective of public health supply chain system is availing the right products in the right time for customers. The program product management and availability include insights and analysis on availability of tracer HIV commodities.

1.1. National and Sub national point availability - Aggregate

National/sub national level aggregate availability in EPSA’s system as measured in terms of number of items that are available at a specified point in time of the total number of Items (The % of usable products available at a specified point in time).

As can be seen from the chart below, aggregate availability for adult HIV tracers was consistently 100% five percent more against the 95% national and sub national target set, whereas aggregate availability for HIV paediatrics is way below the national/sub national level target set, 77.8% against 95.0% target set.

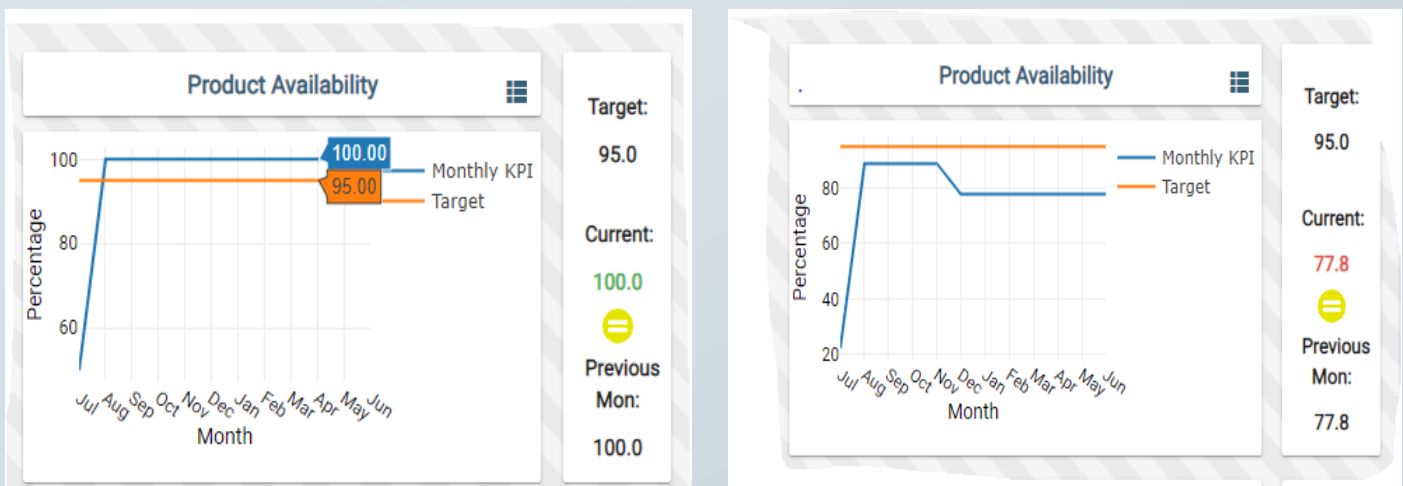


Figure: Aggregate product availability – screen shot from Fanos KPI dashboard for HIV adult and paediatric

1.2. National and Sub national period availability - Aggregate

National/sub national level aggregate period availability in EPSA’s system as measured in terms of the percentage of days the product is available for issue in the reporting period.

As can be seen from the chart below, aggregate period availability for adult HIV tracers was consistently above 95% national and sub national target set, whereas aggregate availability for HIV paediatrics is way below the national/sub national level target set, 77.8% against 90.0% target set.

REPORTING RATE ANALYSIS

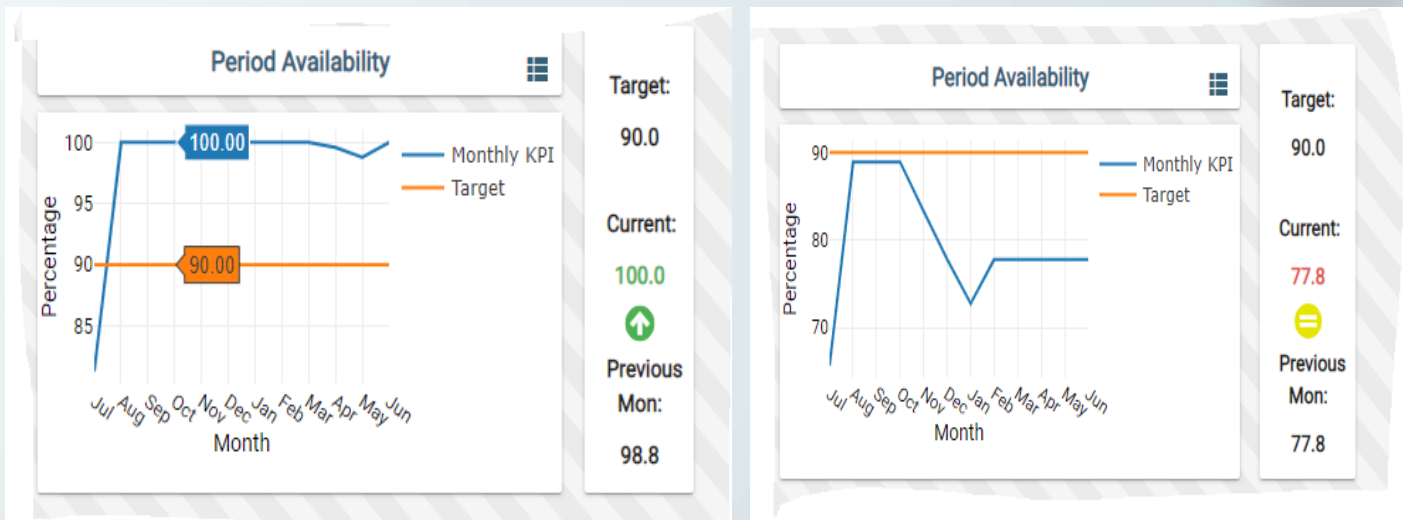
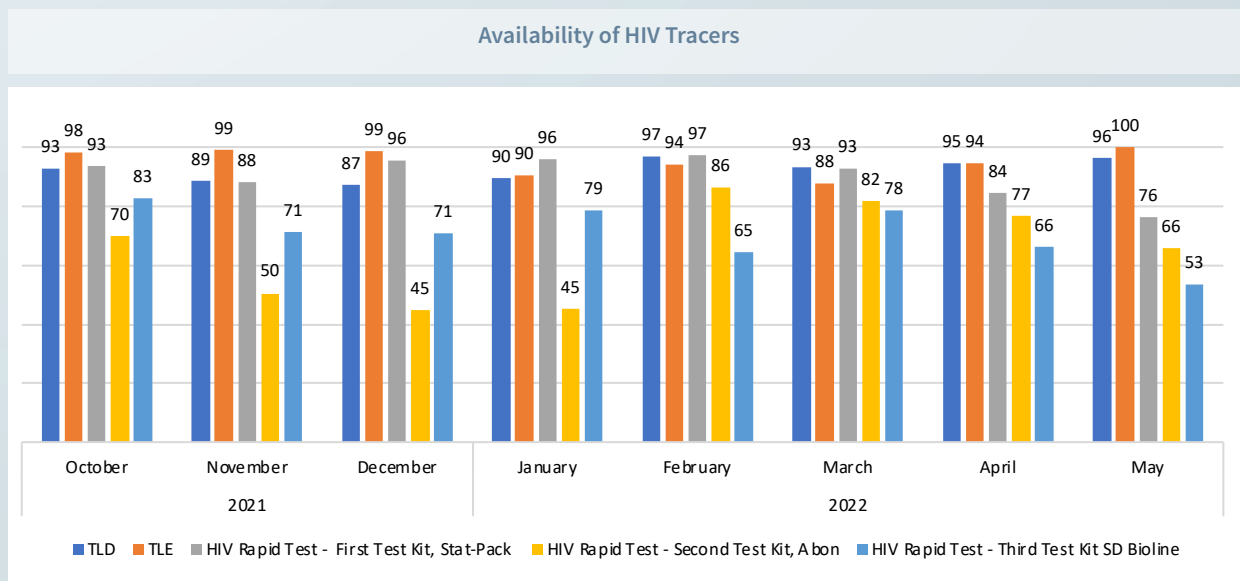


Figure: Aggregate period availability – screen shot from Fanos KPI dashboard for HIV adult and paediatric.

1.3. Service Delivery Point (SDP) Availability - Granular

As can be seen from the graph below, availability for TLD of 30 or 90 and TLE 90 tablet and RTK (Stat pack) are above 95. Low demand to TLE due to transition of most patients from TLE to TLD could have contributed to decline in availability of TLE in recent months.



REPORTING RATE ANALYSIS

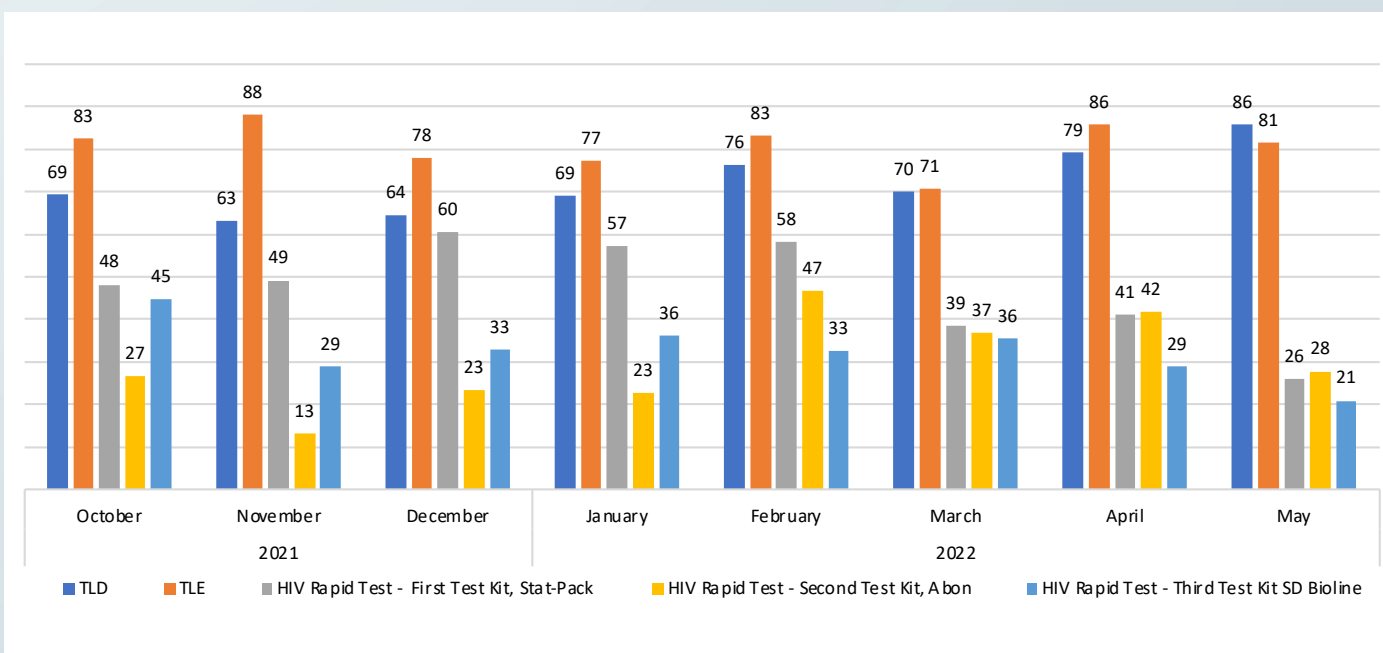
1.4. Service Delivery Point (SDP) Stock Adequacy - Aggregate

Proper inventory management in IPLS demands ensuring the inventory levels within the hospitals and health centers between 2 (minimum) and 4 (maximum) months of stock. Facilities need to be refilled appropriately as per their demand (at least for 70% of their request) to maintain the appropriate stock level, close proxy for percentage of facilities stocked accordingly.

As can be seen in the graph below;

- Most facilities were able to maintain appropriate stock levels for TLD and TLE as %tage of facilities refilled at least for 70% of demand were in the range of 65% to 90%. The figure is much lower for HIV rapid test kits and the need to optimize utilization through targeted testing might have contributed for this finding.

Stocked According to Plan - Line Fill Rate



NON COMMUNICABLE DISEASES

DATA ANALYTIC REPORT

2014 EFY 9 MONTH ANALYSIS



INDICATORS

- Number of new individual screened for hypertension
- Number of newly enrolled individual to hypertensive care



PERIOD

Hamle 2013 – Megabit 2014

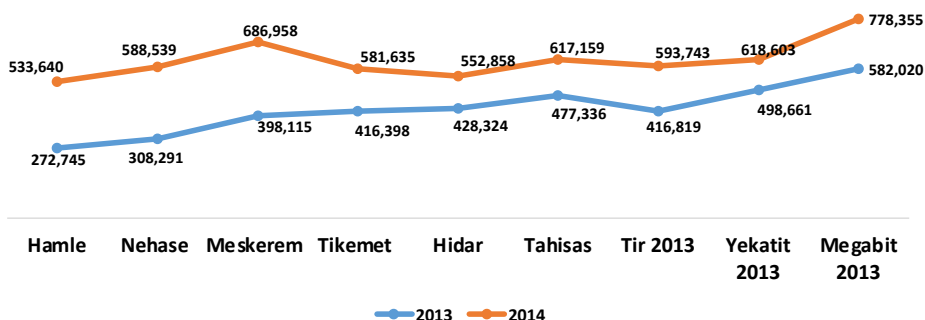
Hypertensive Care & Follow Up



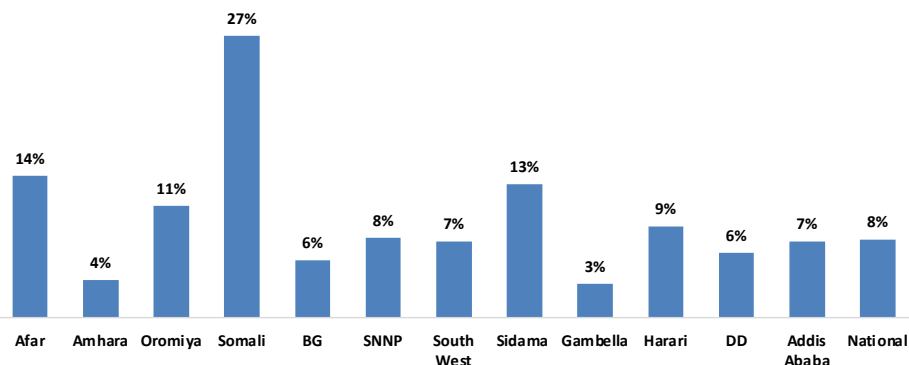
FINDINGS

- During the last nine Months of 2014 EFY a total of 5,551,490 individuals were screened for hypertension out of which 420,749 (7.6%) were reported having increased blood pressure level. The monthly performance shows increasing trends in the first quarter and decline in month of Tikemt and Hidar . The nine months performance is increased by about 46% while compared with last year same period performance of 3,798,709. The performance against plan at national level is 110%. There is very wide variation of performance against plan across region. The reported performance from Harar, Dire Dawa, Addis Ababa, Amhara and Sidama are 570%, 417%, 349%, 174% and 143% respectively while the extreme low performance at Somali (5%), Afar and Gambella (each 10%) were also reported.
- On the other hand Somali region has reported the highest proportion (27%) of people with raised blood pressure level among screened people while Gambela reported the lowest (3%).

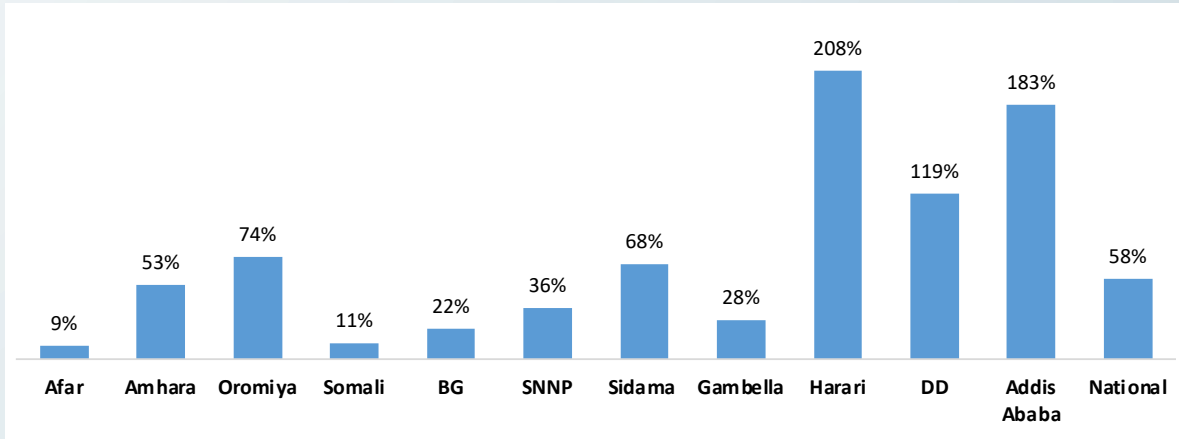
Nine Months Trends of Individuals Screened for Hypertension: 2013 Versus 2014



Proportion of Individuals Screened for Hypertension With Increased Blood Pressure By Region, 1st Nine Months of 2014 EFY



New Enrollment to Hypertensive Care Performance Against Plan By Region, (Hamle 2013-Megabit 2014)



FINDINGS

- In the first nine months it was planned to newly enroll 268,067 confirmed hypertensive individuals to care. A total of 155,661 individuals were newly enrolled to hypertensive care making the national level performance against plan at 58%. Harari, Addis Ababa and Dire Dawa reported above 100% performance while very low performance is reported from Afar (9%) and Somali (11%).

Diabetes Mellitus (DM) Care & Follow Up



INDICATORS

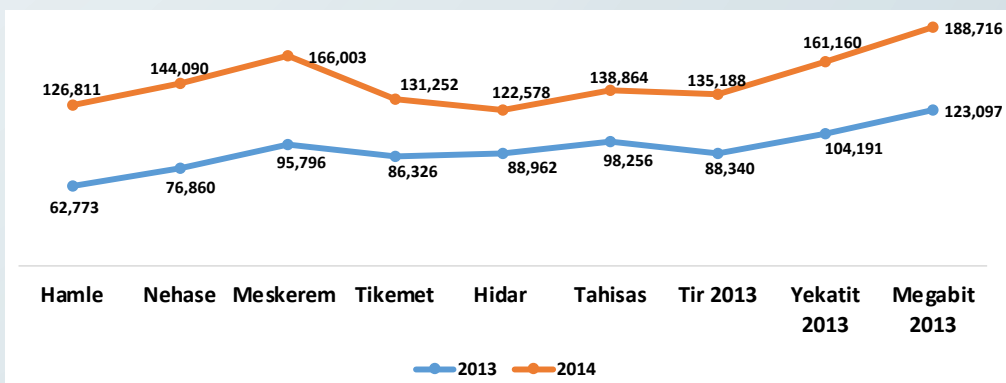
- Number of new individual screened for DM
- Number of newly enrolled individual to diabetic care



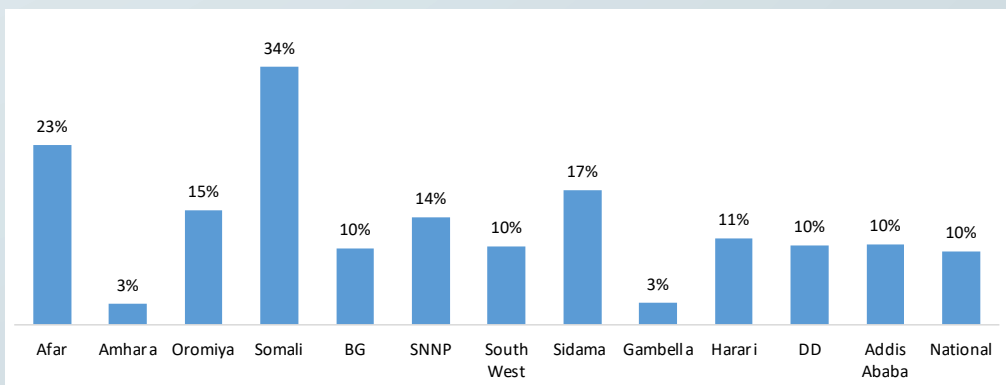
PERIOD

Hamle 2013 - Megabit 2014

Nine Months Trends of Individuals Screened for Diabetes Mellitus: 2013 Versus 2014



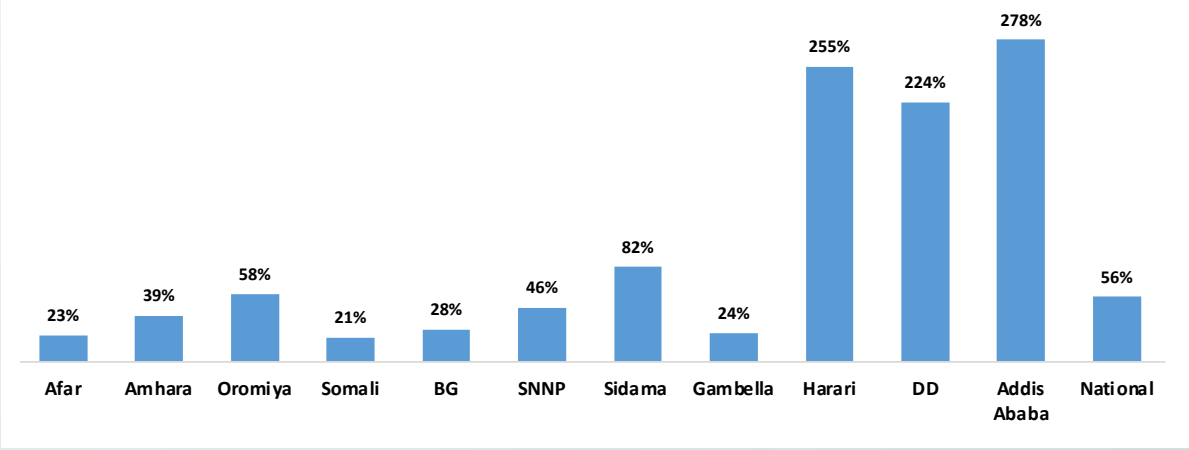
Proportion of Individuals Screened for Diabetes With Increase Blood Glucose Level (Hamle 2013-Megabit 2014)



FINDINGS

- In the first nine months of 2014 EFY a total of 1,314,662 individuals were screened for DM out of which 125,467 (10%) were reported having increased blood glucose level. The nine months monthly DM screening average performance for 2013 and 2014 is 91,622 and 146,073 respectively. The nine performance is increased by about 59% while compared with last year same period performance of 824,601. The 2014 EFY nine months DM screening plan was 1,510,430. Hence the DM screening performance against plan at national level is 87%. Just as in the case of hypertension screening there is very wide variation of performance against plan across regions. The reported performance from Addis Ababa, Dire Dawa, Harari and Amhara are 287%, 195%, 189%, and 157% respectively while the extreme low performance at Somali (7%) and Afar (9%) were reported. The remaining region performance fall between 29%-96%.
- Somali region has reported the highest proportion (34%) of people with raised blood glucose level among screened people while Gambela and Amahara reported the lowest (each 3%).
- Somali region has reported the highest proportion (38%) of people with raised blood sugar level among screened people followed by Afar (27%), while Gambela reported the lowest followed by Amhara region.

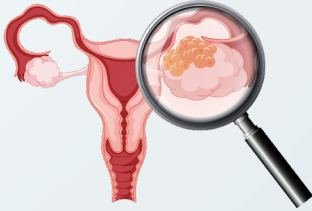
New Enrollment to Diabetic Care Performance Against Plan By Region, 2014 EFY, Hamle-Megabit



FINDINGS

- In the first nine months it was planned to newly enroll 92,288 confirmed diabetic individuals to care. A total of 52,124 individuals were newly enrolled to diabetic care making the national level performance against plan at 56%. Addis Ababa, Harari and Dire Dawa reported above 100% performance while the majority of regions reported below 50% performance with the lowest from Afar.

Cervical Cancer Screening and Treatment



INDICATORS

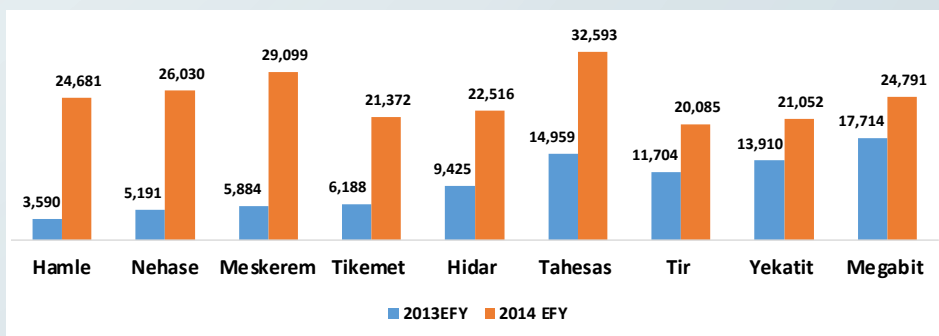
- Number of women (30-49yrs) screened for cervical Cancer
- Proportion of women (30-49yrs) treated for cervical lesion



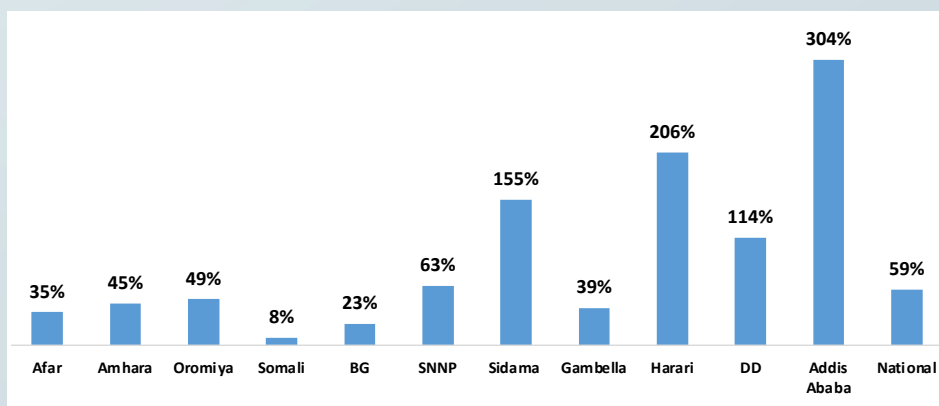
PERIOD

Hamle 2013-Megabit 2014

Nine Months Cervical Cancer Screening Service performance : 2013 vesus 2014 EFY

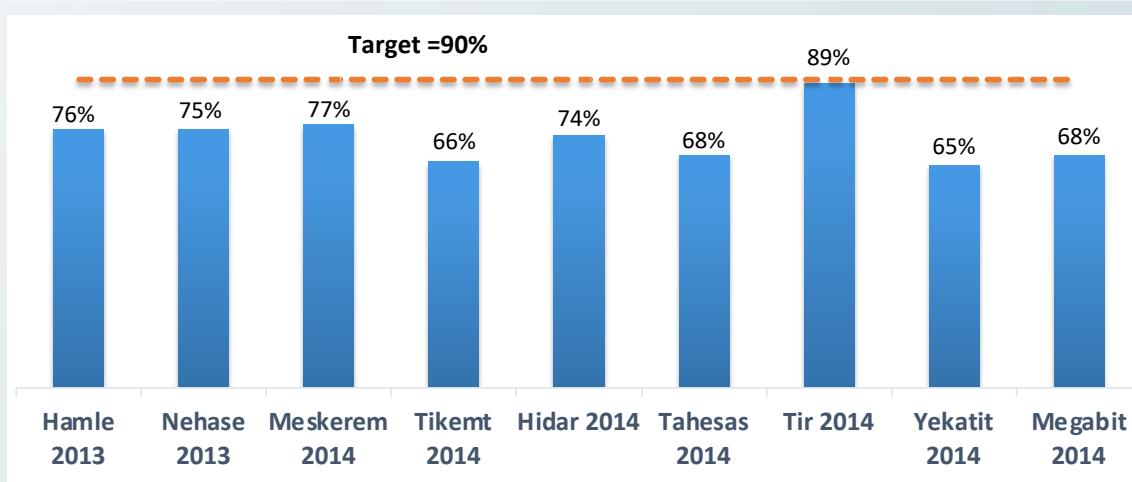


Nine Months Cervical Cancer Screening Performance Against Plan By Region, 2014 EFY



FINDINGS

- In the first nine months of 2014 EFY, cervical cancer screening service performance for 30-49 years women age groups shows increasing trends in the first three months and while relative low performance was reported in the month of Tikemet, Hidar, Tir and Yekatit. Overall a total of 222,219 women have received the screening service in the nine months which is about two and half folds of last year's same period performance of 88,565. The 2014 EFY nine months plan was 375,000 making national level performance against plan at 59%. Very wide performance variation across regions was reported.

Percentage of Women (30-49 yrs) with Precancerous Lesion Received Treatment:
Hamle 2013-Tahesas 2014

Percent of Women with Precancerous Lesion that Received Treatment by Region, Ham 2013-Mega. 2014

Region	Women diagnosed with precancerous lesion	Number of Women Received Treatment	Percent of women Received Treatment
Afar	92	97	105%
Amhara	2254	1454	65%
Oromiya	3705	2818	76%
Somali	185	94	51%
BG	50	51	102%
SNNP	1277	1085	85%
South West	213	212	100%
Sidama	1883	1189	63%
Gambella	18	7	39%
Harari	34	32	94%
DD	107	61	57%
AA	1771	1281	72%
National	11589	8381	72%

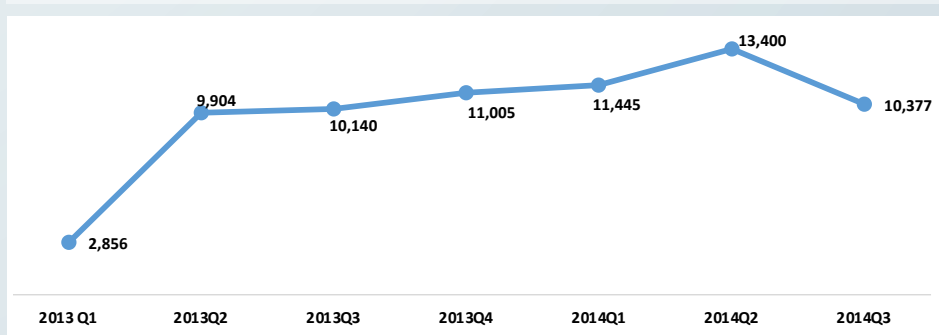
FINDINGS

- Of all (222,219) screened women for cervical cancer in the first nine months of 2014 EFY, 13,944(6.3%) have either precancerous lesion or suspicious cancerous lesion. Upon disaggregation by regions the proportion of women with either of the lesions in South western, Somali, Sidama and Amhara (each) are 16%, 11% and 8% respectively while Gambella and SNNP region figure (3.8% and 4% respectively) is the lowest of all region. The data from the remaining regions shows 4.6-6.4% screened women have either of the two lesions. This indicate that there are wide variation across region.
- All Women diagnosed with precancerous lesions (11,589) are eligible to receive the treatment for lesion. Cumulatively in the first nine months 72% of women had received treatment for precancerous cervical lesion. The disaggregation of performance by regions and quarter reveal that there is data quality issue (see below table) at Afar, Benishangulgumuz and south west region because number of women that received treatment shouldn't be greater than number of women diagnosed with precancerous lesions. Harari region (94%) reported the highest percentage of treated women with precancerous lesion followed by SNNP (85%) while Gambella (39%) reported the lowest. Of all women (8,381) who have reported received treatment, 7,648 (91%) received cryotherapy while the remaining received LEEP.

Data Quality Issue related with number of women who have received cervical lesion received treatment

Region	Quarter	Precancerous lesion	Number of women aged 30-49 year with cervical lesion received treatment	Difference
Afar	Quarter 1	58	85	27
Benshangul gumuz	Quarter 3	15	17	02
South West	Quarter 1	59	62	03
South West	Quarter 2	60	68	08

Quarterly Cataract Surgery Performance at National Level (2013Q1-2014Q3)



FINDINGS

- The cataract surgery performance since quarter 2013 EFY shows fairly increasing trend until quarter 2 of 2014 EFY. In absolute figure the 2014 nine months performance is increased by 54% than that of 2013EFY same reporting period, however; against 2014 quarter plan the performance is at 39% which is very low. Of the total cataract surgery done in three quarter of 2014 EFY, more than three quarter (78%) were reported from four regions (Oromia, Amhara, Sidama and SNNP). For known reason report is not expected from Tigray but the absence of cataract surgery performance report from Afar, BG and Gambela regions might show service in availability in those regions. Hence ensuring equity of service availability at those region need attention.



Summary of Analysis Finding & Recommendation

Summary

- In the last nine months of 2014 EFY 5,551,490 and 1,314,662 individuals were screened for hypertension and DM respectively. The 2014 EFY nine months screening performance for hypertension and DM have increased by 46% and 59% respectively.
- A total of 155,661 new patients were enrolled to hypertensive care while 52,124 were enrolled to DM care. The performance of new patient enrollment to hypertensive care and DM care against plan was 58% and 56% respectively with very wide regional variation.
- A total of 222,219 women were screened for cervical cancer and the current fiscal year nine months performance is more than two and half folds of last year's same period performance. However it is 59% against plan.
- In the reporting period 115,589 women were identified with precancerous lesion of which 72% reported to have received the treatment, however there is an indication of data quality problem at Afar, south west and Benishangulgamuz regions
- A total of 35,222 cataract surgery were performed which is 39% of the plan.
- There are also very wide performance variation of NCD service across regions.



Recommendation

- The root cause of extreme NCD service performance variation need to be investigated and intervention to narrow the gaps have to be performed
- Although improvement in absolute figure is noted compared to last year same period, except hypertension and DM screening the other performance area against plan is low which call for program people attention

QUALITY OF HEALTH SERVICE

Clinical Service

DATA ANALYTIC REPORT

2014 EFY 9 MONTH ANALYSIS



BACKGROUND

- With the launch of Ethiopian National Healthcare Quality Strategy in March 2016, Quality of health care service provision has got a significant amount of attention.
- The ultimate aim is to consistently improve the outcomes of clinical care, patient safety, and patient-centeredness, while increasing access and equity for all.

On this analysis, key quality of health service indicators is included. Here are eight indicators for quality of health services. All the indicators related to quality of health services are analyzed to show the first six-month performance and quarter and monthly trend in the current fiscal year.



INDICATORS

- Outpatient Attendance and OP Attendance per Capita
- Inpatient Admission and Admission Rate
- Bed Occupancy Rate %
- Average Length of Stay (in Days)

ANALYSIS

- National Monthly and quarterly Trend
- Quarter Regional Performance
- Quarter trend of Regional performance



PERIOD

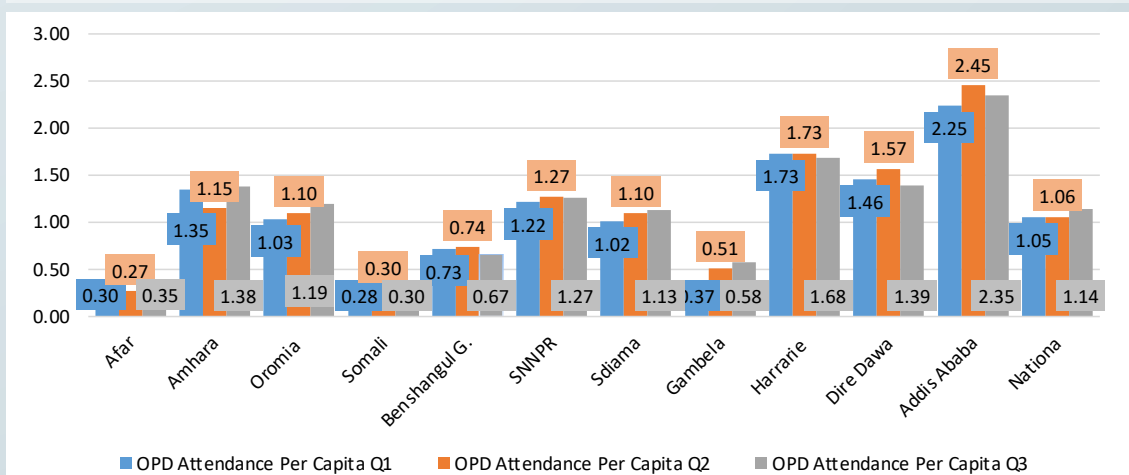
- Hamle to Megabit 2014 EFY
- 1st Quarter to 3rd 2014 EFY Aggregate Performance



1. Outpatient Visit and Inpatient Admission

1.1. Outpatient Visit Attendance

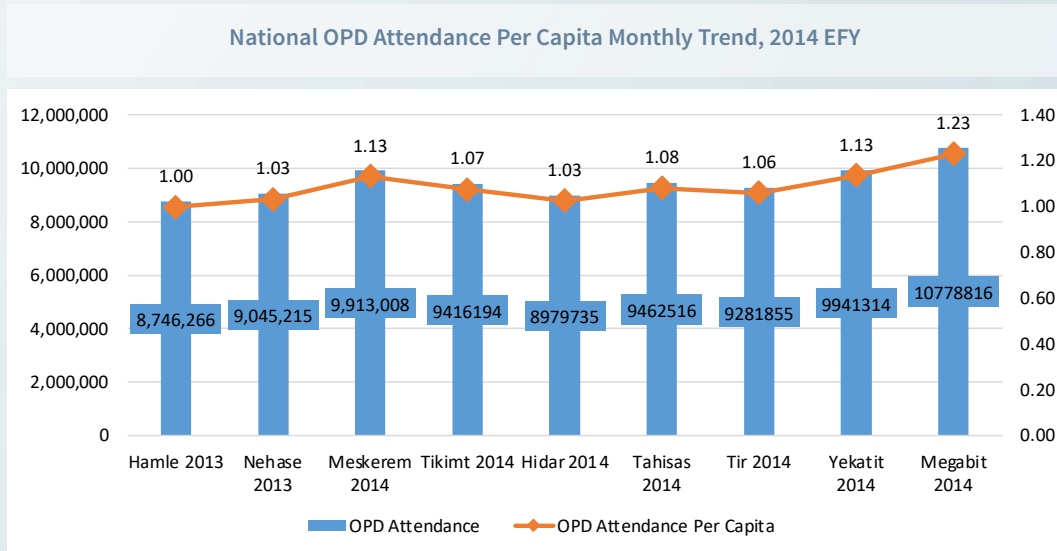
OPD Attendance Per Capita, Quarter trend of 2014 EFY



FINDINGS

- On the third quarter data of the current fiscal year, the highest OPD attendance per capita was recorded from Addis Ababa (2.35), Harrarie (1.63) and Dire Dawa (1.39). Even though, slight drop of the performance from 2nd quarter is observed in those regions.
- Only Oromiya, Sidama and Gambella show linear increment of OPD attendance per capita trend over the quarters. Also, there is slight raise seen at national level from Q1 to Q3 of the current fiscal year.
- The lowest OPD attendance per capita was seen from Somali (0.28), Afar (0.30) and Gambella (0.37) in the first quarter.
- Special attention should be given for Afar, Gambella and Somali to boost the performance through enhancing the health seeking behavior of the community and identifying determinants and their possible interventions.

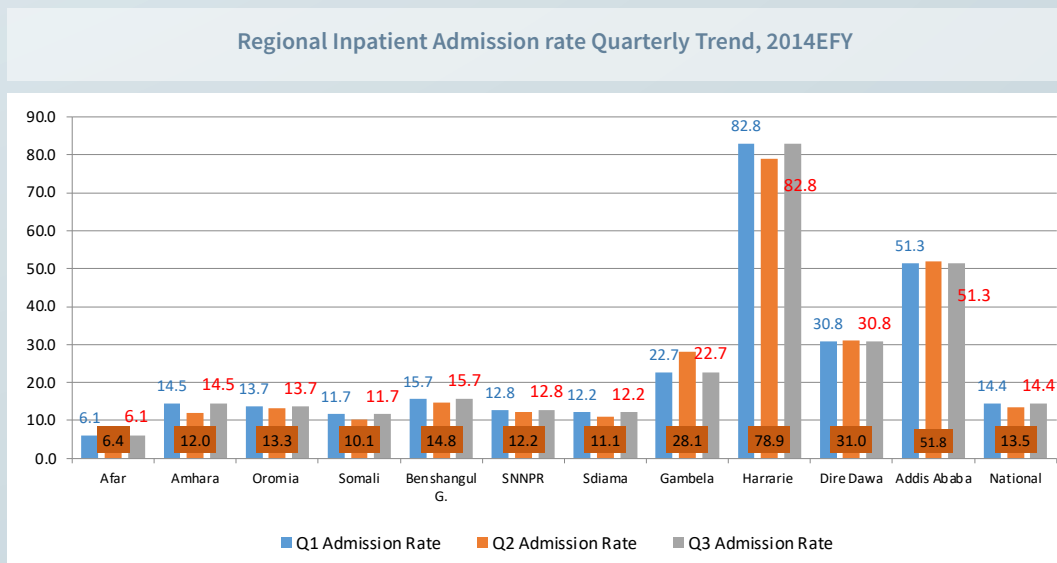
OPD Attendance and OPD Attendance Per Capita Monthly Trend, 2013EFY



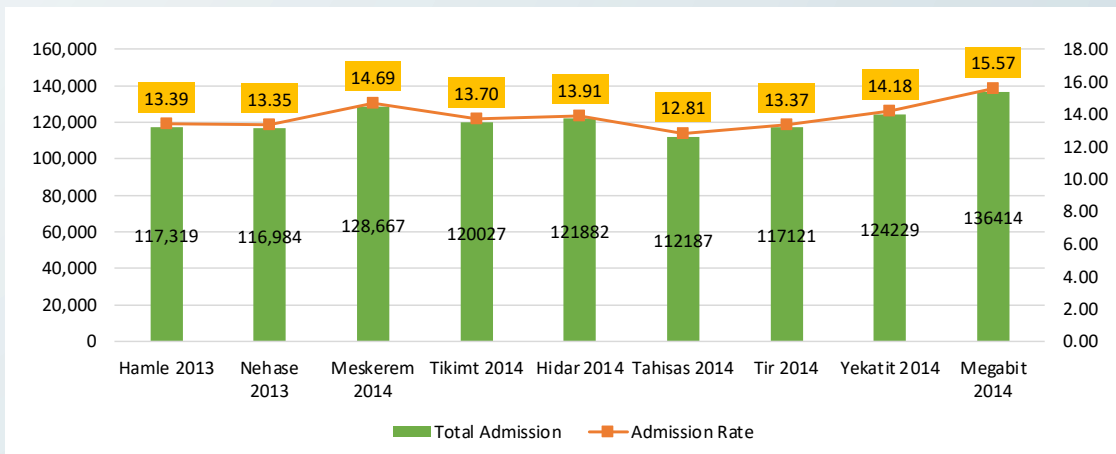
FINDINGS

- In the current fiscal year of monthly trend the highest OPD attendance (10778816) and OPD attendance per capita (1.23) was reported in Megabit 2014. Yekatit 2014 is the second where high OPD visit and OPD per capita (1.13) observed. On the other hand,
- When we look at the nine months trend, it shows unstable trend but classifying the month with their respective quarter slight incremental trend is observed from Hamle to Meskerem (Ham- 1.00, Neh- 1.03 and Mes- 1.10) and Tir to Megabit (Tir 1.06, Yeka 1.13 and Mega 1.23).

1.2. Inpatient Admission and Inpatient Admission Rate



National Inpatient Admission Monthly Trend, 2014EFY



Regional inpatient admission rate Quarterly Trend, 2014EFY



FINDINGS

- The first quarter of 2014 EFY inpatient admission rate by region shows, Harari (81.3) has the highest admission rate. Addis Ababa (52.2) and Dire Dawa (38.9) have also reported the second and third highest admission rate.
- On the other hand, (excluding Tigray) the lowest admission rate in the first quarter was reported from Afar (6.1) and Somali (10.3).
- A significant drop of inpatient admission rate is observed in the second quarter of all regions except AA, Gambella and DreDawa. This inconsistency trend also reflected on the national performance with Q1 14.4 and Q2 13.5 admission rate.
- Only Gambella has progressive change in admission rate performance from quarter 1 to quarter 2 but significant drop is observed in the same region more than any other region.

National Inpatient Admission and Admission rate Monthly Trend, 2014EFY



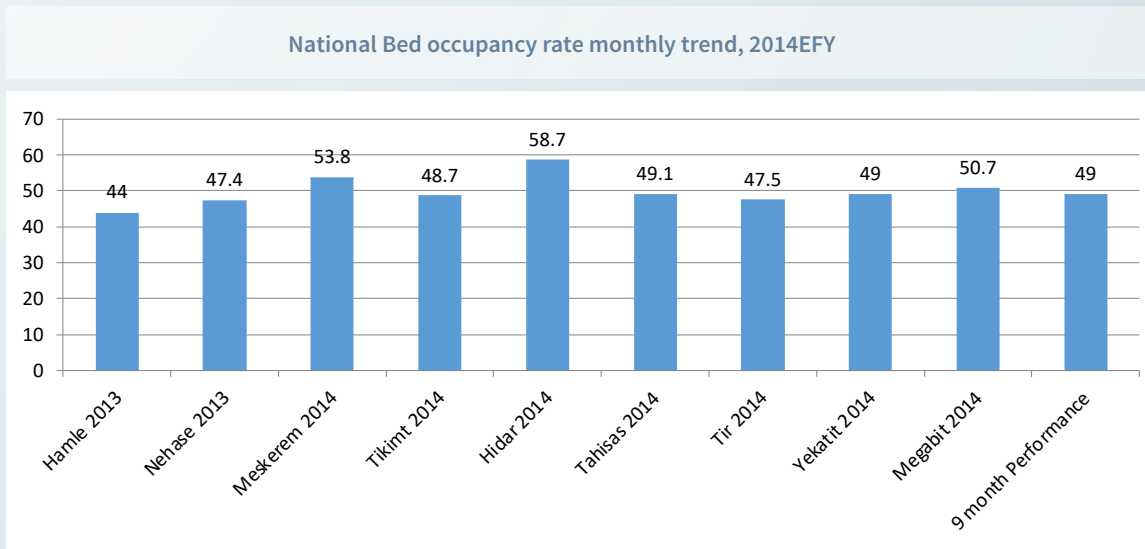
FINDINGS

- The monthly trend of 2014 EFY shows unstable trend of Admission rate and Total admission. Especially, with in the four month, from Meskerem (14.69) to Tikim (13.7) and Hidar (13.91) to Tahisa (12.81) shows noticeable decrement and highest rise observed from Nehase (13.35) to Meskerem (14.69) and Yekatit (14.18) to Megabit (15.57) 2014 EFY.
- In the current fiscal year of the nine months, the highest inpatient admission (136,414) and admission rate (15.57) was reported in Megabit month and on the contrary the lowest report is observed in Tahisas month with total admission (112,882) and Admission rate (12.81).
- The last four month of Inpatient admission and Admission rate trend shows stable incremental pattern compared to other consecutive months in the 2014 EFY



2. Bed Occupancy Rate and Average Length of Stay

2.1 National BOR Monthly Trend of 2014 EFY



National Bed occupancy rate monthly trend

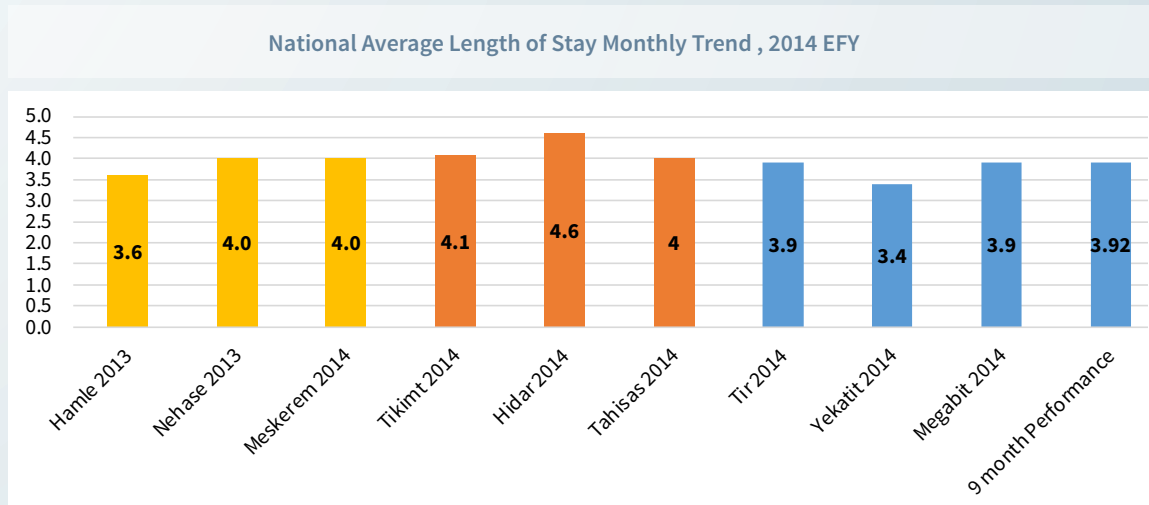
- Bed occupancy rate (BOR) is a measure of the efficiency of inpatient services. Hospitals are most efficient at a BOR of 80 – 90%



FINDINGS

- The aggregate national nine months performance of BOR for the current fiscal year is 49%. Which is much higher performance when compared to the previous fiscal year (42.8%). But, with the current performance trend it will be very threatening to reach mid-term 2022 HSTP target (57%).
- In the current fiscal year of nine month trend, the highest BOR was reported in Hidar month (58.0%) whereas the lowest is in Hamle (44%). In general, inconsistency/unstable trend is observed across the months.

2.2 Average Length of Stay



Average Length of Stay Monthly Trend, 2014 EFY



FINDINGS

- ALOS reflects the appropriate utilization of inpatient services
- The current fiscal year of 9 month trend of ALOS shows inconsistency trending across the months; in the first three month a slight increment is observed from Hamle month with ALOS (3.6) to Nehase Month (4.0).
- The highest ALOS is observed on Hidar month with 4.6 but a sharp drop is noticeable from Hidar (4.6) to Yekatit with ALOS 3.4 and also the lowest ALOS is occur on Yekatit month.



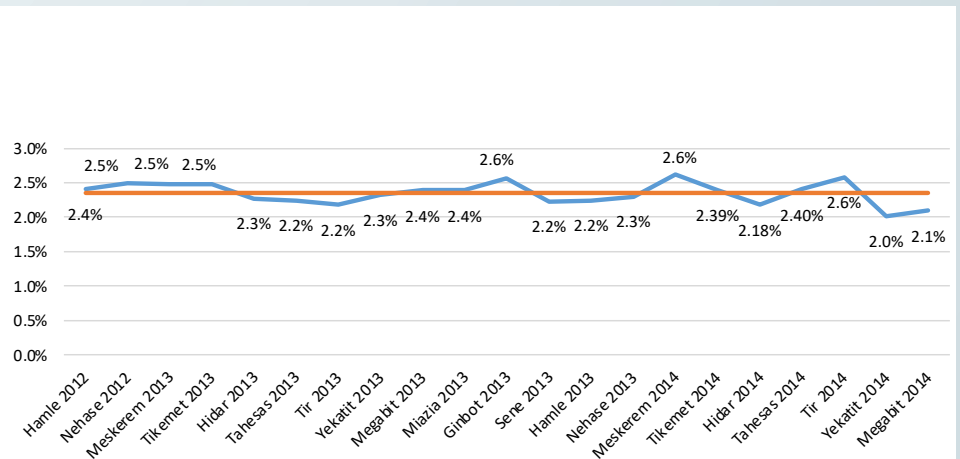
In-patient mortality rate



FINDINGS

- This indicator is used to roughly estimate the quality of inpatient clinical care. The national mean monthly in-patient mortality rate for the last 21 months has been about 2.3%.
- The national monthly mortality rate has shown a deviation of about +2 SD in the months of Ginbot 2013, Meskerem and Tir 2014 EC, whereas it has been the lowest in the months of Yekatit of 2014 and it ranged from 2.0 in Yekatit 2014 to 2.6 in Meskerem 2014.

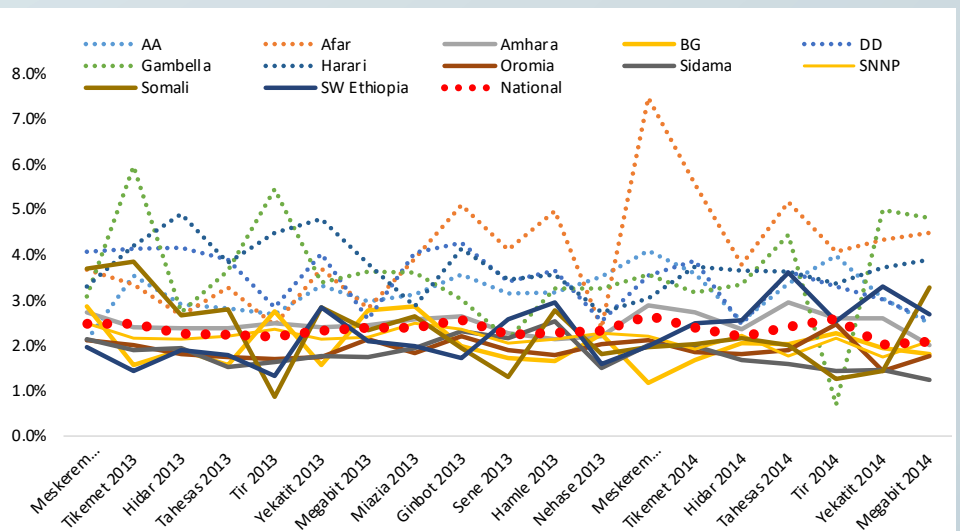
Trend of national in-patient mortality rate, Hamle 2012—Megabit 2014



FINDINGS

- The regional trend shows that the in-patient mortality rate has been consistently above the national average through the 21 months in Afar, Harari, Diredawa, Gambella, and Addis Ababa.
- In the current fiscal year, it has ranged from 2.66% in Meskerem to 2.0% in Yekatit 2014.
- It has showed decrease within the quarter while the highest was observed in Gambella in Yekatit (5%) and the lowest observed in Gambella in Tir (0.75%).

Regional trends in in-patient mortality, Hamle 2012-Tahesas 2014





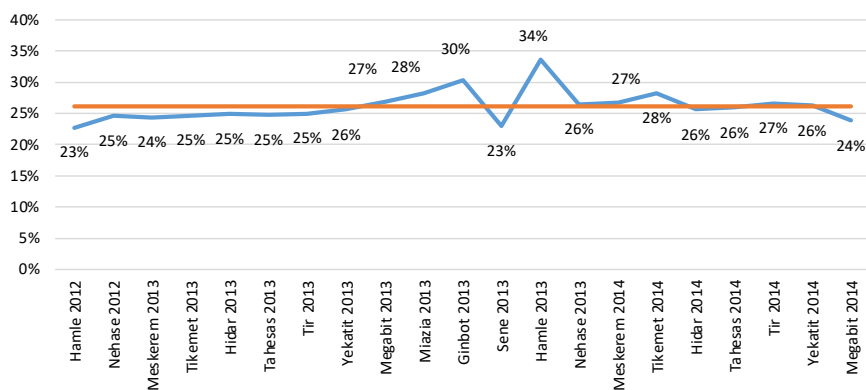
ICU Mortality Rate



FINDINGS

- The national monthly ICU mortality rate between Hamle 2012 and Megabit 2014 has ranged from 23% in Hamle 2012 to 34% in Hamle 2013, with a +1 SD of 2.8% and monthly mean rate of 26%. WHO recommends that ICU mortality rate in developing countries should be between 30%-35%. Generally, it has shown increasing trend in 2013 EFY and a decreasing trend in the past nine months.
- Significant rise in ICU mortality rate was observed in the months of Ginbot and Hamle of 2013, which needs a special and closer investigation to identify the possible root causes and indicate possible solutions.
- In the current fiscal year, national ICU mortality has shown decline from 34% in Hamle 2013 to 24% in Megabit 2014.

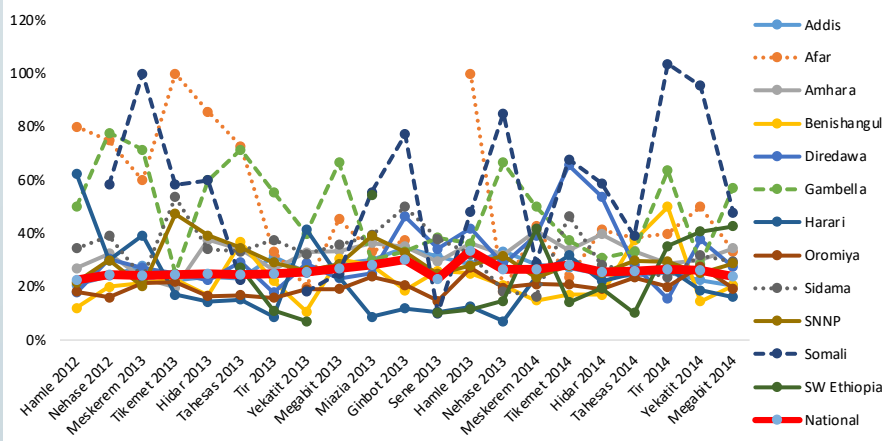
National trends in ICU mortality rate, Hamle 2012-Tahasas 2014



FINDINGS

- The ICU mortality rate has been consistently above the national average and the WHO recommendation in Afar, Gambella, Sidama, SNNP and Somali regions. In some of the months, the ICU mortality rate in these regions has been as high as 100%, which needs further investigation.
- Afar, Somali, and Gambella regions have shown very high ICU mortality rates in the current quarter as high as 100% in some months.

Regional trends in ICU mortality, Hamle 2012-Tahasas 2014





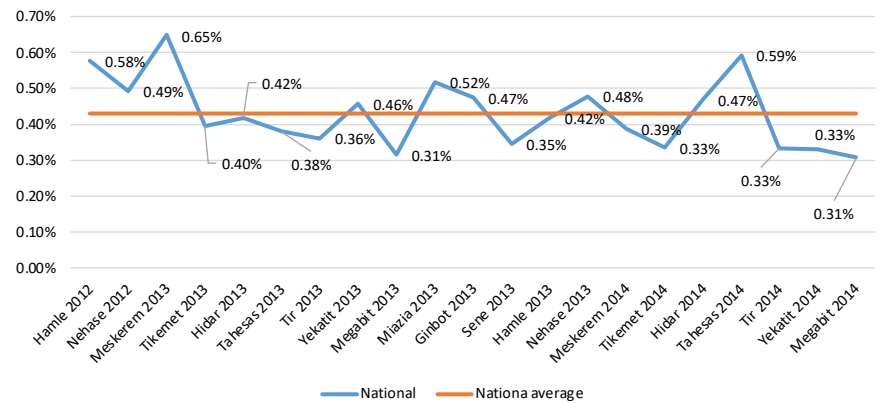
Emergency Mortality Rate



FINDINGS

- The average national emergency mortality for the last 21 months has been about 0.43%, with the highest (0.65%) and lowest (0.31%) rates registered in Meskerem and Megabit 2013 and Megabit 2014 respectively. Generally, it has shown a constant trend through the 21 months.
- In the current quarter, it has shown a sharp decline from 0.59% in Tahesas to 0.31% in Megabit 2014 EFY.

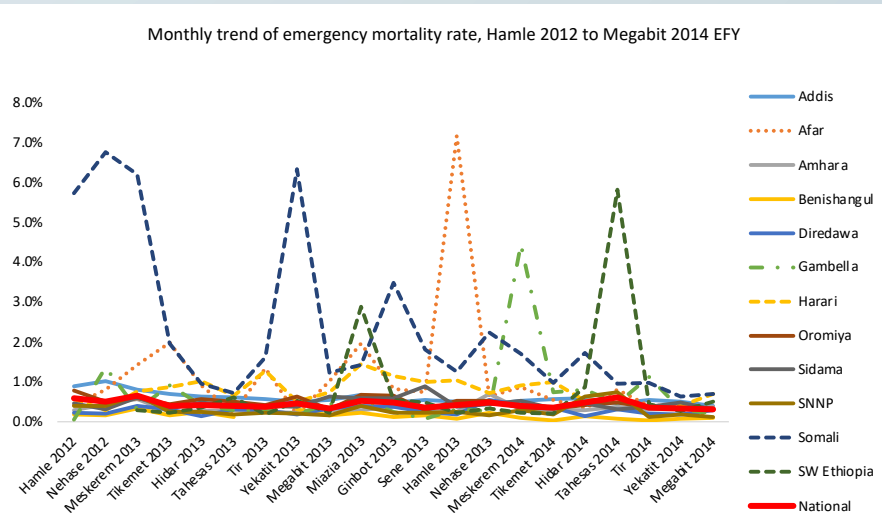
National trends in emergency mortality, Hamle 2012-Tahasas 2014



FINDINGS

- The emergency mortality rate in Gambella, Harari, SW Ethiopia, Somali and Afar regions has been very high in most of the months within the period and a spike in emergency mortality rate above 5% within the past 21 months was observed in Afar, Somali and SW Ethiopia.

Regional trends in emergency mortality, Hamle 2012-Megabit 2014



**2014 EFY 9 MONTH
ANALYSIS**

**DATA ANALYTIC
REPORT**

Hamle 2013- Megabit 2014
