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MINISTRY OF HEALTH, ETHIOPIA

HEALTH SECTOR TRANSFORMATION PLAN

WOREDA BASED HEALTH SECTOR ANNUAL CORE PLAN

EFY 2012 (2019/20)

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MULTISECTORAL COLLABORATION FOR HEALTHY AND PROSPEROUS NATION

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HEALTHIER CITIZENS FOR PROSPEROUS NATION

OCTOBER, 2019
ADDIS ABABA

Contents

Acronyms

APTS	Auditable Pharmaceutical Transaction System
CBNC	Community Based Newborn Care
DHIS	District Health Information System
DOTS	Directly Observed Treatment, Short Course
ECD	Early child development
EHAQ	Ethiopian Hospitals Alliance for Quality
HDA	Health Development Army
HSTP	Health Sector Transformation Plan
ICCM	Integrated community case management
ICU	Intensive Care Unit
IMNCI	Management of Newborn and Childhood Illness
IMNCI	Integrated Management of Newborn and Childhood Illnesses
IMR	Infant Mortality Rate
IUCD	Intrauterine Contraceptive Device
JANS	Joint Assessment of National Strategies
KPP	Key and Priority Populations
LB	Live Births
LEEP	Loop Electrosurgical Excision Procedure
LF – MDA	Lymphatic filariasis – Mass drug administration
LQAS	Lot Quality Assurance System
MDA	Mass Drug Administration
MMR	Maternal Mortality Ratio
MTR	Midterm Review
NCD	non communicable disease
NNP	National nutrition programme
OHT	OneHealth Tool
OWNP	one wash national program
PPM -DOTS	Public–Private Mix for DOTS

CHAPTER 1

Woreda Based Health Sector Plan, EFY 2012

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Woreda Based Health Sector Plan, EFY 2012

1. Introduction

The Health Sector Transformation Plan was prepared based on National Health Policy and Health Sector Long term Plan (Envisioning plan) focusing on universal Primary Health Care coverage through strengthening health system to ensure equity and quality of services at all geographical areas and segment of population. In order to implement the plan, an integrated effort between government and partners has undertaken in the last four years. The Sector in collaboration with other stakeholders conducted nationwide Mini - DHS in 2019, despite the country have faced different social insecurity, maternal and child health have shown very good progress, except lags on some indicators like immunization and nutrition services. There are also discrepancies of services (equity) across different geographical areas.

In Ethiopia the last 3 - 4 consecutive years, there was political instability which has negative influences to implement the transformation plan. EFY 2012 plan is the last year of HSTP and should need to address all activities which have lagged behind as well as the actual fifth year plan of HSTP. It needs strong collaboration and commitment among Government structure at each level and all stakeholders to implement desire plan accordingly.

This plan was done through proper preparation for actual plan development which included updating of planning tools, identifying of major problems during implementation of EFY 2011 physical year plan, prepared indicative plan and conducted resource mapping at National level. Then after, national level plan orientations were conducted and financial support was provided to conduct cascading training up to Woreda level.

At each Level of the health System, EFY 2011 performance evaluation was done to identify major bottlenecks/ weakness/challenge, set strategic initiatives and major activities under each strategic objective to address the problems. The Sector should need to strengthen Health Development Army and one-to five networks at community.

In general this year is the final year for HSTP and hence achievement of five year targeted plan will be ensured through proper addressing of the challenges at each level of the system and also need to address the demand of community with prepared harmonized and aligned plan. It is necessary to enhance contribution of stakeholder for plan implementation, continuous monitoring and evaluation of performance based on M& E framework of the health sector.

The Woreda -Based Health Sector Planning Process

The health sector in collaboration with all stakeholders has exercised "Top-down and Bottom-Up" Planning approach using Woreda-Based Health Sector Plan (WBHSP). Evidence-based decision making is very crucial and validated tools for measuring well-being and adjusting outcomes. Evidence certainly helps for effectiveness and efficiency of an organization. It must be asked whether the evidence is robust enough to allow health service to compete with the demand of society or available resources. If the plan is done based on the actual evidences, there are better interventions which are linked with right skill availability within the work force and the people demands. A lot of attention has been focused recently on equity and quality of service provision through empowering of community with full participation and engagement during planning process that is why the health sector has used "Top-down and Bottom-up planning approach".

EFY 2012 plan preparation was developed using the following two major processes: a) Preparatory phase and (b) Actual plan development phases. Preparatory phase includes *collection of available evidences*, *preparation of indicative plan* (about mainstreaming priorities and setting national targets), *updating of planning tools*, *conducting resource mapping* and *providing TOT* in cascaded for facilitators up to lower level on how the WBHS plan can be prepared using adjusting planning template. However; actual plan development phase includes *preparation of intended plan* at each level of health system considering indicative plan and available resources in the local context. During preparation, planners at each level of health system conducted *bottleneck analysis* on selected and *high impact intervention* to identify major *challenges* and set relevant initiatives/ activities to tackle bottlenecks and achieve strategic objectives.

Plan reconciliation was done with RHBs to make some adjustment on outliers of WBHSP and finally aggregate it at National level. Draft core plan was prepared and shared to FMOH Directorates and Agencies for additional inputs. Relevant comments were incorporated before final core plan produced and get approval by higher officials. To implement the core plan, detail plan (which is the core plan plus

other activities of local importance) was prepared by cascading of the core plan to Directorates/departments, case teams and individual level. Hence each Directorates /Departments/Processes were prepared their own comprehensive plan and linked with available resources from Government and partners. Detail plan alignment were conducted among Directorates, Partners, FMOH Agencies and finally with Regional Health Bureaus too.

The Health Sector Policy Framework and Strategy

The Health Sector transformation plan is linked with overall Government health policy, GTP II and the health sector 20 years plan. Therefore, the performance measures and targets of HSTP are set considering the impacts intended to be achieved at the end of five years. Currently, the health Sector has under process of revision of health Policy. The draft revised health Policy has been presented to different stakeholders and comments were gathered and incorporated. The draft revised health Policy document will be finalized soon after submitted to higher government officials for additional comments and approval.

Using the government direction and framework, the Health Sector will be prepared aligned and harmonized five years strategic plan through communication with all relevant stakeholders and partners. The strategic plan will prepared through having agreed ToR. The plan preparation will led by government and it should need to addresses SDP goals and targets as well.

Priority Areas, Core Performance Indicators and Targets of the HSTP

Priorities	Impact	Outcome	Vehicles	Blood lines/System strengthening
Maternal and Newborn Health	MMR 199/100,000 LB U5MR 30/1,000LB IMR 20/1,000LB NMR 10/1,000LB Stunting 26%, Wasting 4.9%	✓ CPR = 55% ✓ ANC 4 = 95% ✓ Deliveries attended by skilled birth attendants= 90% ✓ Fully Immunized= 95% ✓ Proportion of exclusive BF =72% ✓ Vit A supplementation= 95%	Health Post 1:3,000-5,000 people Health Center 1:15,000-25,000 people Primary Hospital 1: 60,000-100,000 people General Hospital 1:1-1.5 Million people Tertiary Hospital 1:3.5-5 Million people	▪ Community ownership ▪ Equitable and Quality health service delivery ▪ Robust Human resource development ▪ Reliable supply chain management system ▪ Strong regulatory system ▪ Enhanced HIS and innovation ▪ Effective and efficiency healthcare financing ▪ Transformative leadership and governance
HIV	HIV incidence 0.01%	✓ HIV positive pregnant who received -more than 95% ✓ 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; 90% of all people receiving antiretroviral therapy will have viral suppression		
TB	Reduce TB Mortality Rate by 45%	✓ TB case detection 87% ✓ Cure Rate for bacteriological confirmed TB cases=90%		
Malaria	Achieve near zero malaria deaths	✓ Sub-national elimination of malaria in 50 selected woredas		

The Health Sector Strategy

Mission

"To promote health and wellbeing of Ethiopians through providing and regulating a comprehensive package of promotive, preventive, curative and rehabilitative health services of the highest possible quality in an equitable manner."

Vision

"To see healthy, productive and prosperous Ethiopians"

Core Values

1. Community first
2. Integrity, loyalty, honesty
3. Transparency, accountability, confidentiality
4. Impartiality
5. Respecting the law
6. Be role model
7. Collaboration
8. Professionalism
9. Change/innovation
10. Compassion

Customer Value Proposition

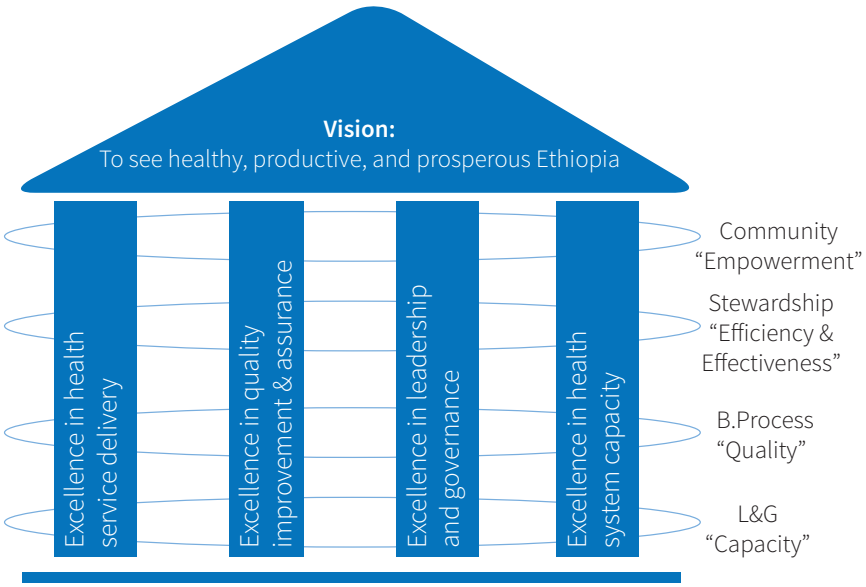
Product or service attributes	Image	Relationship
Products and services the Health Sector provides have these characteristics: • Accessibility– information, physical, financial, etc. • Timeliness of services • Quality of health care services and information, • Safety and healthy environment • Empowering community & employees • Conducive environment	The image that the Health Sector wants to portray has the following characteristics: • Trustworthy: o Transparent/ Accountable o Supportive o Professional o Customer-Friendly/ Oriented o Committed	The relationship the Health Sector wants with its community could be described as: • Complementary • Cooperative (participatory) • Respectful and ethical • Harmonious (Mutual Understanding) • Transparent relationship • Dependable (Stewardship) • Responsive • Equitable

Strategic Themes

The health sector transformation plan has the following four strategic themes

Strategic Theme	Description
Excellence in health service delivery	A health system that: • Delivers equitable promotive, preventive, curative and rehabilitative services ensuring that all people obtain the health services they need without suffering financial hardship when paying for them; and • Enables the community to practice and produce good health; and be protected from emergency health hazards
Excellence in quality improvement and assurance	A community served with health care that is effective, efficient, person-centered, equitable, safe, and timely at all levels and at all times and is protected from health hazards.
Excellence in leadership and governance	Efficient, accountable and transparent institutions serve all segments of the population.
Excellence in health system capacity	Communities are served by qualified, committed and motivated providers in health facilities that have the necessary equipment, tools and technological solutions as per the standards.

The strategic management house



Strategic objectives

Improve Health Status

This objective describes the achievements in health status of the population and factors affecting it. It is meant the reduction of morbidity and mortality so that citizens will be healthier, more productive and socially active. It also means that social determinants of health are addressed through proactive multisectoral collaboration.

Enhance Community Ownership

Enhancing community ownership refers to the end result of empowering communities to produce their own health. It addresses the social, cultural, political and economic determinants that underpin health, and seeks to create a solidarity movement within communities, promote locally salient innovations and build partnerships with other sectors in finding appropriate solutions to prevalent problems.

Improve Efficiency and Effectiveness

This strategic objective is about proper allocation, efficient utilization, tracking and controlling of resources. It also entails harmonization and alignment among stakeholders to strengthen the financial and procurement management system of the government, to minimize wastage of resources and duplication of efforts. Due emphasis will be given to equity in resource allocation.

Improve Equitable Access to Quality Health Services

This strategic objective is meant to improve equitable access to full spectrum of essential, quality health services, including health promotion, disease prevention and treatment, rehabilitation and palliative care. It requires coverage with high impact interventions that address the most important causes of disease and mortality. This strategic objective requires the quality of health services to be good enough to improve the health of those receiving services. This will result in improved effective health service coverage.

Improve Health Emergency Risk Management

This strategic objective is meant to improve the prevention, mitigation, early detection and rapid response of any crises, which directly or indirectly impact the health, social, economic and political wellbeing of the society. Furthermore, improved risk management system –

minimizing crises reaction and response- will keep the sector on track to move forward in all other strategic objectives and plans despite the odds.

Enhance Good Governance

The strategic objective is about enhancing good governance in the health sector. It requires implementation of the principles of good governance in the health sector. These principles include rule of law, transparency, inclusiveness and equity, responsiveness, efficiency and effectiveness, and participatory engagement of citizens.

Improve Regulatory Systems

This strategic objective refers to improving the regulatory system to a level that is truly functional. Functional regulatory system refers to implementation of an effective, transparent and accountable system that ensures adherence by all state and non-state actors to the standards set by the country's rules and regulations.

Improve Supply chain and logistics management

The focus of this strategic objective is to ensure access to quality assured, safe, effective and affordable essential medicines with which the sector intends to respond to the majority of health problems of the society; significant reduction in the pharmaceutical wastages and improved rational drug use.

Improve community participation and engagement

This means creating awareness, transferring knowledge and skill to the community, and ensuring their participation and engagement in planning, implementation, monitoring and evaluation of health activities to empower the community so that they will be able to produce their own health.

Improve resource mobilization

This strategic objective includes a proactive approach in the mobilization of resources from domestic and international sources through establishment and strengthening of risk pooling mechanisms, increasing health budget from treasury, collection of revenues by health institutions, strengthening international health partnership and enhancement of pool funding; public-private partnership, and maximizing collaboration with national and international civil society organizations and NGOs.

Improve research and evidence for decision-making

This objective is about improving decision making through evidence generation, translation and dissemination. It promotes and advocates the culture of generating quality data, ensuring transmission and acquisition of complete and timely data, verification, analysis and synthesis of data from multiple sources, and using evidence at all levels to improve quality and equity of health services.

Enhance use of technology and innovation

This strategic objective involves enhancing use of the existing technology, introduction of new technology, technology transfer and development and use of local technology. It also addresses finding better ways of doing things through more effective products, processes, services, technologies or ideas.

Innovation is defined as the process of ideation, evaluation, selection, development, and implementation of new or improved products, services, or programs.

Improve development and management of human resource for health

This strategic objective entails human resource planning, development and management. The human resource management focuses on recruitment as per the need, deployment, performance management and motivation. It also includes leadership development, promoting women in leadership positions and community capacity development. One of the main focuses of this strategic objective is to promote patient-centered, respectful, and compassionate care by all health professionals.

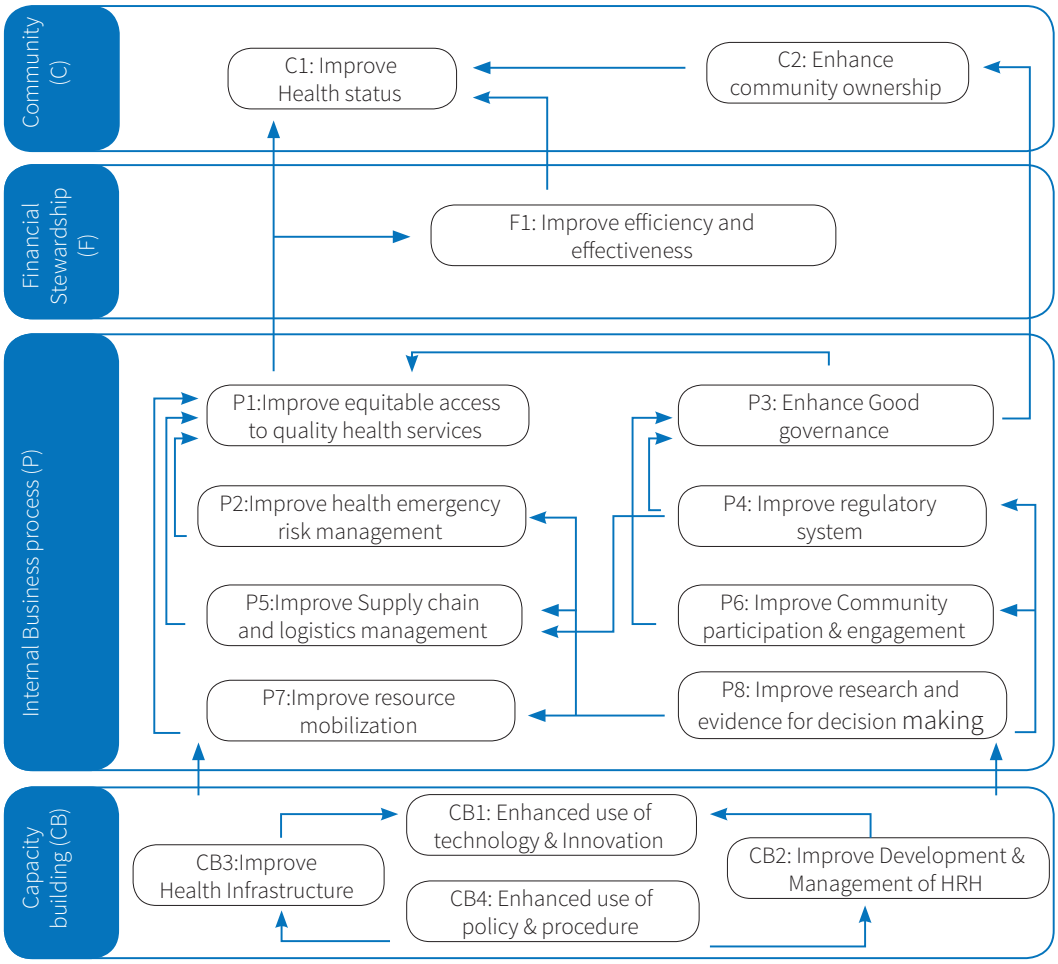
Improve health infrastructure

This strategic objective encompasses the expansion and standardization of health and health related facilities. It involves development of standard design of health infrastructures, carry out their constructions, maintenance, renovation, rehabilitation, equipping and furnish them in user friendly manner. Utilities (water, sanitation, and power) are among key determinants of functionality of health infrastructures that require a great deal of attention in management and expansion of health and health related facilities. It also includes enhancing medical equipment management and developing basic ICT infrastructure for speedy and reliable services (connectivity, Health-Net, computer and accessories).

Enhance policy and procedures

This strategic objective encompasses strengthening of health system through continuous analysis and improvement of existing health and health related policies, proclamations, regulations, guidelines, standards, directives and other health related legal frameworks in the spirit of health in all policies. It also involves preparation, enforcement and follow up of polices, and health related legal frameworks. It ensures programs and plans are in compliance with existing policies and procedures of the sector. Ensure wider consultation and involvement of all relevant sectors and stakeholders so that the

The health sector strategy map



In the preparation of EFY 2012 core plan, the health sector has passed through two phases

Preparation phase:

- Conducted 2011 EFY performance review at all levels and identified challenges
- Prepared necessary tools for EFY 2012 planning process
- Conducted Resource mapping at each level of the Health system
- Prepared indicative Plan and communicated to all levels to use it as an input for planning
- Provided cascaded orientation to plan facilitators to Woredas

Plan Development phase

- Prepared WBHSP at Woreda level with involvement stakeholders ers
- Conducted Plan aggregation at ZHDP, RHBs and National level and reconciled the plan
- Prepared core plan cascaded to lower level
- Aligned detail plan among Directorates, Agencies, partners and RHBs
- Communicated Core plan to People Representative social affairs, Plan commission and other governmental offices

CHAPTER 2

Targets and main activities Planned for EFY 2012

Chapter 2

EFY 2012 Health sector core performance measures and strategic initiatives

Targets and main activities Planned for EFY 2012

C: Enhance Community Ownership

Performance Measures

- Increases graduated model kebeles from 11% to 44%
- Increase number of households who are fit to be tested for level one from 422,523 to 1.1 million

Strategic initiatives & Main Activities

- Conduct assessment on utilization of health education materials in health facility Train 677,477 women development leaders to capacitate them and enhances model household graduation
- Implement school health and nutrition program in transformation Woredas
- Conduct training for 60 health education professional from regions on quality of behavioral change training manual
- Finalize HEP improvement road map and conduct awareness creation on it
- Finalize assessment on implementation of national HEP and design mechanism's to improve the program
- Prepare training material for trainers of health Extension program and conduct TOT for trainers
- Identify and recognize best performers institutions /employees
- Organize and scale up best practice that have public health importance

Table 1: Proportion of Model Kebeles, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/ Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible -All Kebeles EFY 2012		813	349	3,863	6,603	1,214	475	4,249	265	36	47	869	18,783
Number of Model Kebles in EFY 2011	#	37	41	651	509	156	19	278	2	4	2	324	2,023
	%	5%	10%	17%	7%	11%	4%	7%	1%	11%	2%	14%	10.8%
Number of Model Kebles Planned in EFY 2012	#	325	227	1,622	2,641	1,214	205	1,487	45	16	19	374	8,175
	%	40%	65%	42%	40%	100%	43%	35%	17%	45%	41%	43%	44%

F1: Improve efficiency and effectiveness

Performance Measures

- Increase budget utilization to 100%
- Achieve 95% of budget liquidation for different finance sources

Strategic initiatives & Main Activities

- Enhance financial transparency and accountability.
- Strengthen pre-audit, audit and post audit activities and share result to all relevant bodies
- Strengthen integrated finance management information system(IFMIS)

- Strengthen efficiency and timeliness of procurement process by using new technology.
- Implement key performance indicators which are agreed by partners and ministry.
- Strengthen property management system.
- Support health facilities in internal revenue collection and utilization.
- Conduct an assessment on risk factors of resource utilization.
- Enhance efficiency gain in the overall operation system.
- Improve financial management and ensure 95% liquidation of outstanding balances

P1: Improve Equitable Access to Quality Health Services

P1.1. Improve Maternal Health

Performance Measures

- Increase Contraceptive Acceptance Rate from 68% to 85%
- Increase utilization of long acting family planning methods from 22.2 % to 33%
- Increase ANC4+ from 70% to 95%, deliveries attended by skilled birth attendants from 62 % to 91% and PNC from 78% to 96%
- Increase syphilis screening for pregnant women from 55 % to 92%
- Increase pregnant, laboring and lactating women who were tested for HIV and know their results from 84% to 95%
- Increase ART coverage of HIV positive pregnant, laboring and lactating mothers from 81 % to 96%
- Increase ART prophylaxis for HIV exposed infants from 47 % to 97%

Strategic initiatives & Main Activities

❖ Strengthen family Planning Services

- Scale up IUCD insertion and removal by level 4 Health Extension Workers (HEWs) in 500 health posts
- Equip 350 Health posts with IUCD and Implants Kit
- Provide comprehensive family planning service training to 70 health professionals who provide IUCD insertion and removal mentorship for Level Four Health Extension
- Provide training to 350 level four health extension workers on Willow box, comprehensive family planning and counseling services
- Provide training to 1000 Health Extension workers on SMART START.
- Conduct supportive supervision and
- Review the performance of regions and provide feedback.
- Provide special support for 20 selected Woredas with low coverage of FP service.

❖ Strengthen ANC, SBA and PNC Services

- Strengthen catchment area mentorship program in 250 hospitals to enhancing quality maternal health services (ANC, SBA & PNC).
- Identify health facilities which don't have maternal waiting rooms and construct in consultation with responsible bodies
- Provide basic training on Comprehensive Abortion Care (CAC) services to 785 healthcare professionals and 2nd trimester abortion care to 162 healthcare providers selected from hospitals
- Screen and provide obstetric care to 1,000 fistula cases from all fistula centers.
- Increases number of health facilities that provide safe abortion services from 1,950 to 2,950
- Ensure the provision of free medical service to 1500 Utero Vaginal Prolapse patients.

❖ Strengthen PMTCT Services

- Strengthen quality eMTCT services (CQI, Mentorship, Dashboard and PMTCT cohort monitoring)
- Initiate NVP prophylaxis and AZT for all infants exposed to HIV infection as per the guideline.

Table 2: Contraceptive Acceptance Rate, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible -All non-pregnant women of reproductive age, EFY 2012		1,080,177	390,327	4,489,408	7,111,078	1,224,426	236,130	4,077,438	111,596	60,667	123,518	1,189,494	20,094,259
Number of Women of Reproductive Age Who Accepted Modern Contraceptive Methods in EFY 2011	#	628,949	110,050	3,756,206	5,110,626	112,159	105,298	3,045,739	26,926	38,975	47,543	353,277	13,335,748
	%	57.9%	29.0%	85.0%	73.5%	9.4%	45.9%	76.4%	24.9%	65.8%	39.6%	30.4%	67.7%
Number of Women of Reproductive Age Planned to Accept Modern Contraceptive Methods, EFY 2012	#	874,643	213,148	4,415,081	6,493,255	285,715	178,508	3,786,013	50,819	48,534	86,945	654,222	17,086,883
	%	81%	95%	98%	91%	25%	76%	93%	44%	80%	70%	55%	85%

Figure 1: Contraceptive Acceptance Rate, EFY 2012

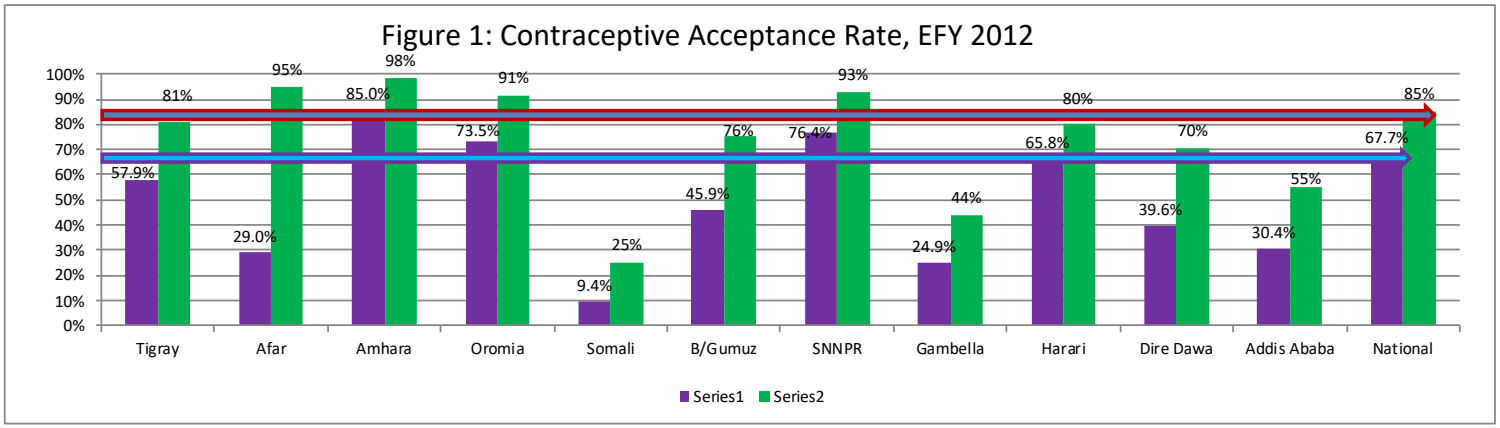


Table 3: Antenatal 4+ Care, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Pregnancies, EFY 2012		189,564	56,209	747,867	1,324,500	196,007	38,917	711,085	14,497	8,147	16,314	85,885	3,388,992
Baseline-Antenatal Care Service in, EFY 2011	#	122,143	30,583	456,568	874,820	108,900	20,208	561,241	3,286	5,196	7,329	128,466	2,318,740
	%	66%	56%	62%	68%	57%	53%	81%	23%	65%	46%	100%	70%
Planned Antenatal Care Service for EFY 2012	#	274,120	26,515	747,217	1,233,884	145,081	62,567	644,283	9,581	6,972	14,312	38,809	3,203,341
	%	96%	74%	100%	93%	75%	85%	96%	51%	86%	88%	100%	95%

Figure 2: Antenatal 4+ Care, EFY 2012

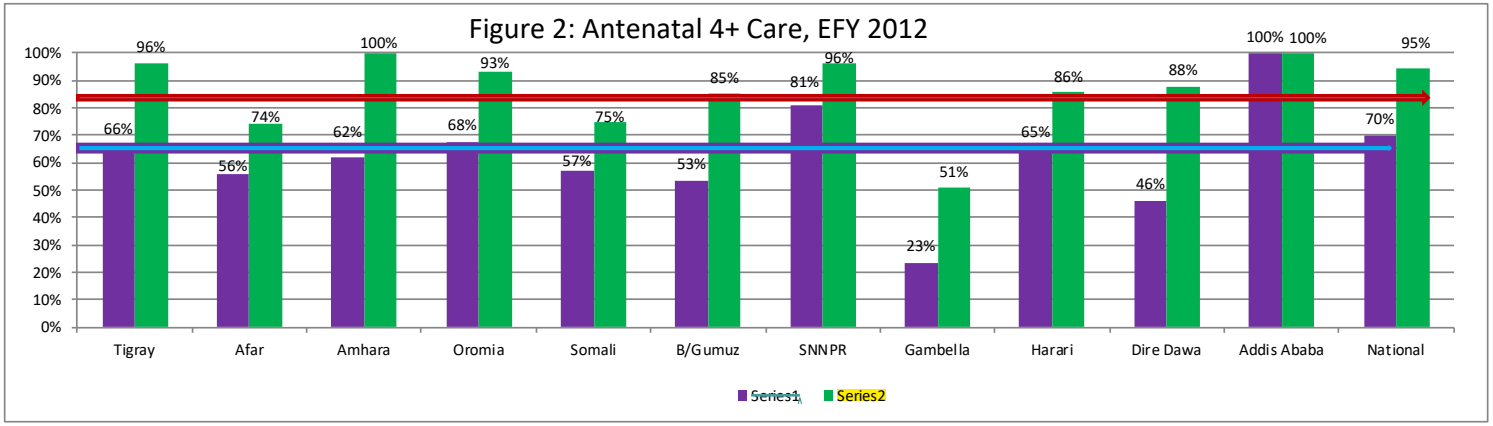


Table 4: Proportion of pregnant women tested for syphilis, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gu-muz	SNNPR	Gam-bella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Pregnancies, EFY 2012		189,564	56,209	747,867	1,324,500	196,007	38,917	711,085	14,497	8,147	16,314	85,885	3,388,992
Baseline-Number of pregenant women tested for syphilis, EFY 2011	#	105,935	23,631	399,076	635,661	40,850	16,563	407,239	3,879	8,009	15,476	158,178	1,814,497
	%	57%	59%	55%	49%	21%	56%	61%	54%	100%	98%	100%	55%
Planned Number of pregenant women tested for syphilis for EFY 2012	#	186,249	41,534	747,866	1,214,869	112,014	27,535	681,809	10,647	8,147	16,219	85,885	3,132,775
	%	98%	74%	100%	92%	57%	71%	96%	73%	100%	99%	100%	92%

Figure 3: Pregnant tested for Syphilis, EFY 2012

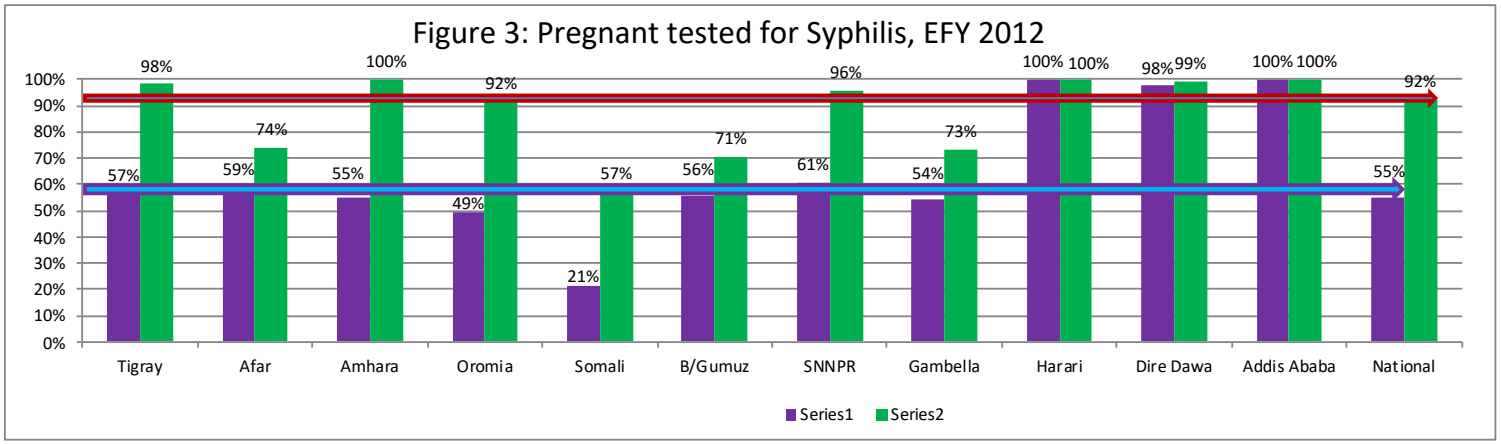


Table 5: Proportion of births attended by skilled health personnel, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Deliveries, EFY 2011		189,564	56,209	747,867	1,324,500	196,007	38,917	711,085	14,497	8,147	16,314	85,885	3,388,992
Number of Deliveries Attended by a Skilled Birth Attendant, EFY 2011	#	127,306	17,667	390,282	788,914	60,105	16,566	509,818	5,614	9,818	10,754	133,449	2,070,293
	%	69%	32%	53%	61%	31%	44%	73%	40%	100%	68%	100%	62%
Planned Number of Deliveries to be Attended by a Skilled Birth Attendant, EFY 2012	#	185,577	32,268	717,447	1,208,242	114,098	31,974	670,883	6,919	8,147	14,393	85,885	3,075,832
	%	98%	57%	96%	91%	58%	82%	94%	48%	100%	88%	100%	91%

Figure 4: Delivery Service by Skilled Birth Attendants, EFY 2012

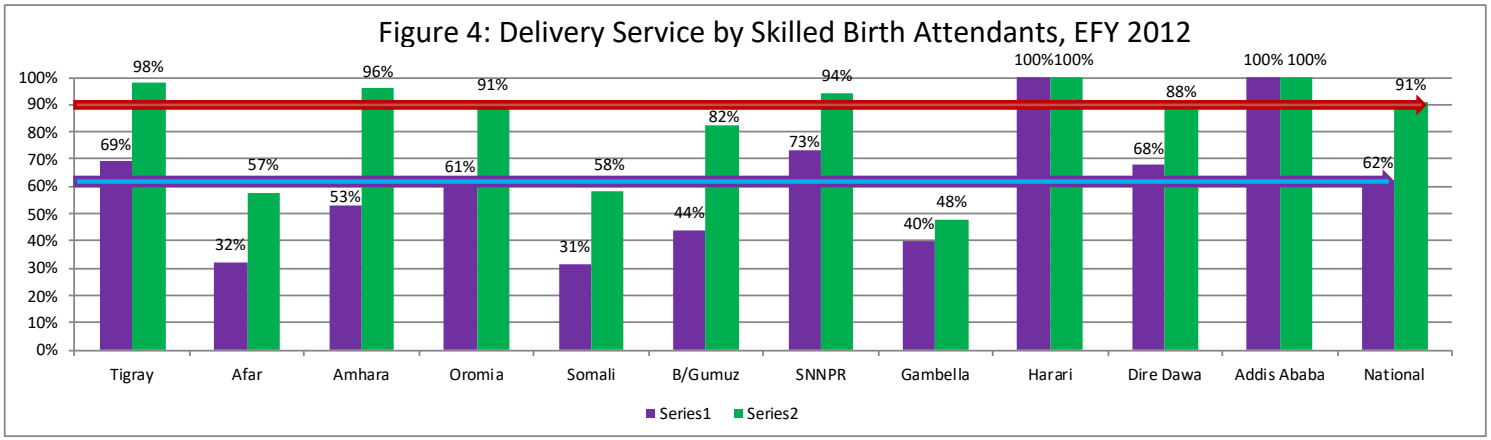


Table 6: Early postnatal care, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Deliveries, EFY 2012		189,564	56,209	747,867	1,324,500	196,007	38,917	711,085	14,497	8,147	16,314	85,885	3,388,992
Number of women who received early postnatal care, EFY 2011	#	142,754	25,140	495,489	1,052,126	85,740	25,427	623,891	5,427	8,233	10,271	121,927	2,596,425
	%	77%	46%	67%	81%	45%	67%	90%	39%	100%	65%	100%	78.0%
Planned number of women who received early postnatal care, EFY 2012	#	188,797	37,128	747,550	1,323,736	125,782	34,283	687,063	10,195	8,147	15,409	85,885	3,263,976
	%	99%	90%	95%	95%	90%	92%	95%	90%	100%	100%	100%	96%

Figure 5: Early Postnatal care, EFY 2012

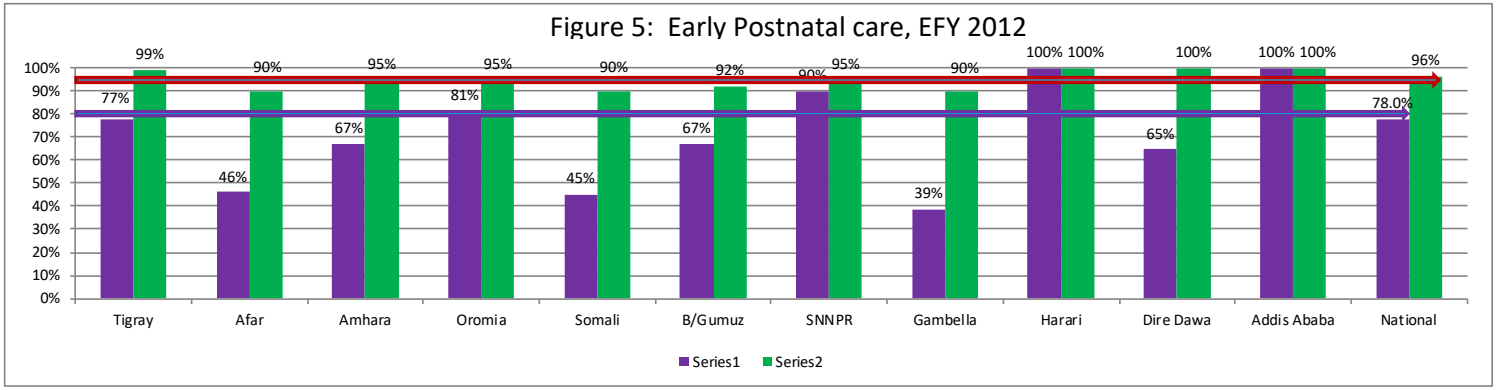


Table 7: Number of women receives comprehensive abortion services, EFY 2012

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of women receives comprehesive abortion services , EFY 2011	7,616	288	17,522	59,097	216	1,077	29,265	426	1,888	3,429	27,898	**148,721**
Number of women receives comprehesive abortion services, EFY 2012	21,133	1,379	50,865	53,187	476	3,461	64,861	566	815	1,205	12,170	**210,117**

Table 8: Percentage of pregnant, laboring and lactating women who were tested for HIV and who know their status, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gu-muz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total number of pregnant women that received antenatal care at least once, EFY 2012		190,195	56,209	747,866	1,324,500	196,007	38,917	711,086	14,497	8,147	16,314	85,885	3,389,623
Number of pregnant women counseled & Tested for HIV, EFY 2011	#	181,711	30,831	591,784	1,141,737	33,825	30,805	567,283	8,593	14,954	18,297	140,989	2,760,809
	%	97%	56%	80%	88%	18%	81%	88%	61%	100%	100%	100%	84%
Planned number of pregnant women tested and know their status, EFY 2012	#	188,293	50,588	710,473	1,258,275	176,406	35,804	675,532	13,047	8,147	16,314	85,885	3,218,764
	%	99%	90%	95%	95%	90%	92%	95%	90%	100%	100%	100%	95%

Figure 6: Pregnant Women Tested for HIV, EFY 2012

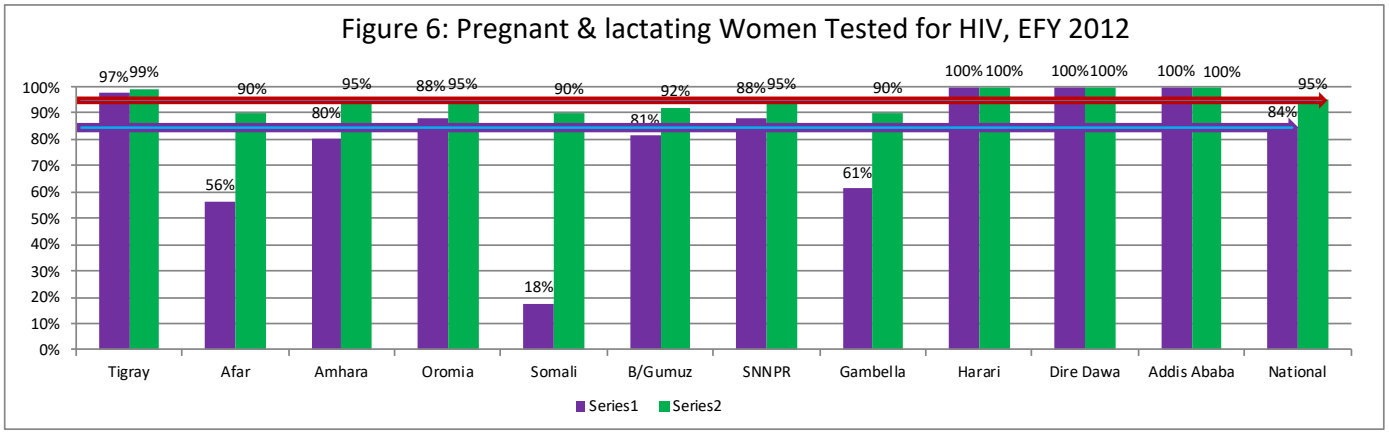
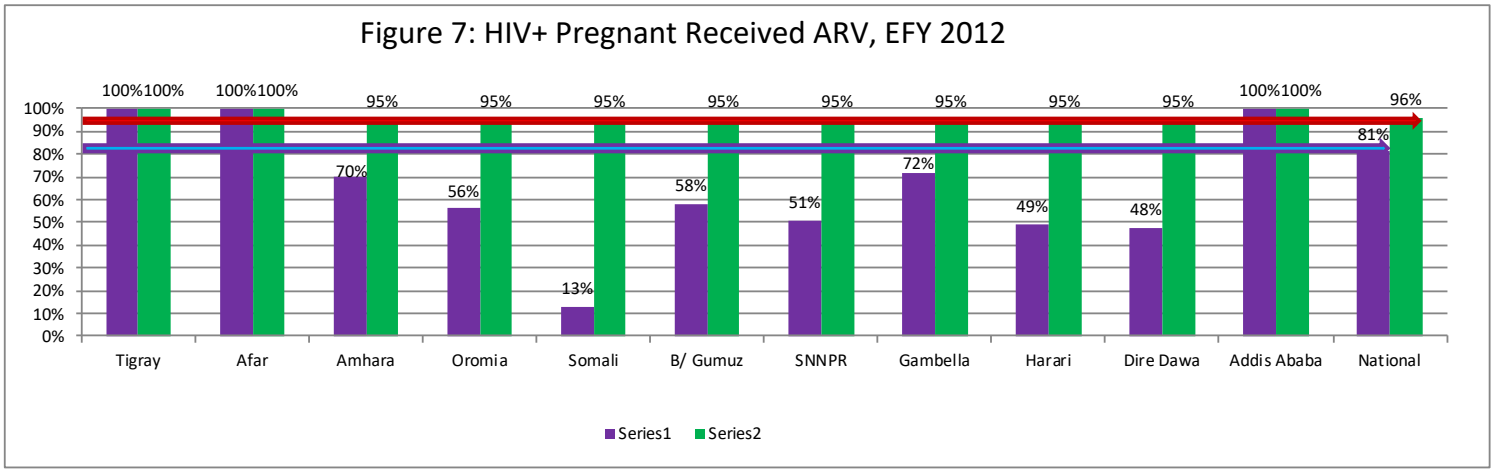


Table 9: Percentage of HIV positive pregnant & lactating women who received ART, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/ Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total number of Expected HIV Positive pregnant mothers, EFY 2012		2,058	696	6,697	8,037	425	265	2,794	607	180	337	1,343	23,439
Number of HIV+ pregnant women received ARV in EFY 2011	#	2,225	888	4,816	4,648	56	156	1,426	424	92	163	2,622	17,516
	%	100%	100%	70%	56%	13%	58%	51%	72%	49%	48%	100%	81%
Planned Number of HIV+ women received ARV in EFY 2012	#	2,058	696	6,362	7,635	404	252	2,654	577	171	320	1,343	22,472
	%	100%	100%	95%	95%	95%	95%	95%	95%	95%	95%	100%	96%

Figure 7: HIV+ Pregnant Received ARV, EFY 201



P1.2. Improve Neonatal and Child Health

Performance Measures

- Increase pentavalent 3 immunization coverage from 97% to 100%.
- Increase measles 1 (MCV 1) immunization coverage from 91% to 97%.
- Increase Rota 2 immunization coverage from 96% to 98%.
- Increase PCV 3 immunization coverage from 97% to 98%.
- Increase proportion of children fully immunized from 88% to 95%
- Decrease vaccine dropout rate from 11% to 6%
- Increase HPV2 coveragefrom 80% to 84%
- Increase pneumonia treatment with antibiotics from 48% to 88% for children under 5 years of age
- Increase number of hospitals with level 3 neonatal medical equipment's from 50 to 80
- Increase proportion of health posts providing ICCM services to 98%
- Increase proportion of health centers providing IMNCI service to 100%
- Increase neonatal sepsis treatment rate from 30% to 83%
- Increase neonatal resuscitation service for new births with asphyxia from 11% to 88%

Strategic initiatives & Main Activities

- **Strengthen routine immunization program**
  - Strengthen routine immunization services
  - Integrate new vaccines with routine immunization program
  - Strengthen essential vaccination through campaigns
  - Ensure availability of inputs for immunization program and
  - Enhance cold chain management system

❖ Strengthen Child health services

- ➢ Expand and strengthen neonatal intensive care unit (ICU) in hospitals
  - Provide training to 28 health professionals on neonatal ICU medical equipment's
- ➢ Expand and strengthen IMNCI service
- ➢ Enhance and expand CBNC and ICCM services in implementing regions.
  - Expand CBNC services in 21 woredas of Somali, Gambela, Benishangul Gumuz and Afar regions
- ➢ Increase number of woredas implementing ICCM in the four special support regions from 36 to 57
- ➢ Introduce early childhood development (ECD) program nationwide
  - Introduce early childhood mental development (ECD) in 3 model woredas of Addis Ababa

Table 10: Pentavalent 3 Immunization Coverage, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2012		177,432	52,611	691,033	1,227,812	182,091	34,987	655,622	13,395	7,626	15,334	82,450	3,140,393
Pentavalent 3 Coverage EFY 2011	#	155,295	37,613	599,545	1,255,365	141,836	30,122	613,902	11,304	8,264	11,704	124,170	2,989,120
	%	89%	74%	88%	100%	80%	89%	96%	87%	100%	78%	100%	97%
Planned Number of surviving infants who have received pentavalent 3 vaccine , EFY 2012	#	177,432	51,559	690,683	1,227,812	172,986	34,987	655,179	13,395	7,626	15,334	82,450	3,129,444
	%	100%	98%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%

Figure 8: Pentavalent3 Immunization Coverage, EFY 2012

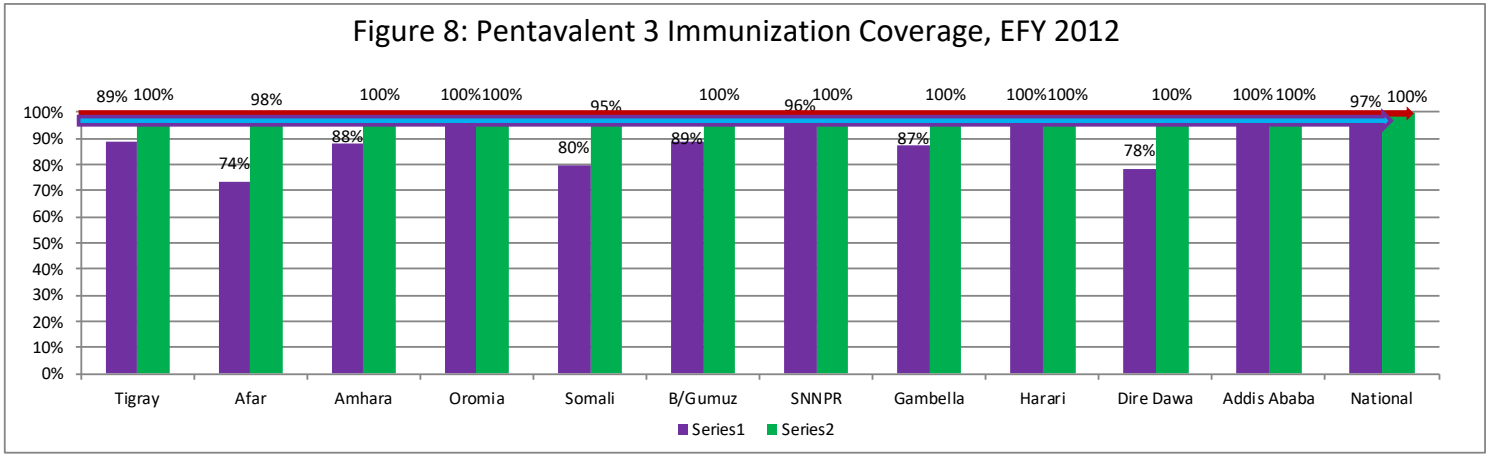


Table 11: Measles (MCV1) Immunization Coverage, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible:Estimated number of surviving infants, EFY 2012		177,432	52,611	691,033	1,227,812	182,091	34,987	655,621	13,395	7,626	15,334	82,450	3,140,392
Measles coverage, EFY 2011	#	148,497	34,047	573,273	1,157,016	123,227	28,499	592,843	10,175	7,443	10,620	116,456	2,802,096
	%	85%	67%	84%	96%	69%	84%	93%	78%	100%	71%	100%	91%
Planned Number of surviving infants who have received measles vaccine, EFY 2012	#	177,432	48,300	663,391	1,199,993	143,932	33,238	655,621	13,395	7,626	14,636	82,450	3,040,014
	%	100%	92%	96%	98%	79%	95%	100%	100%	100%	95%	100%	97%

Figure 9: Measles Immunization Coverage, EFY 2012

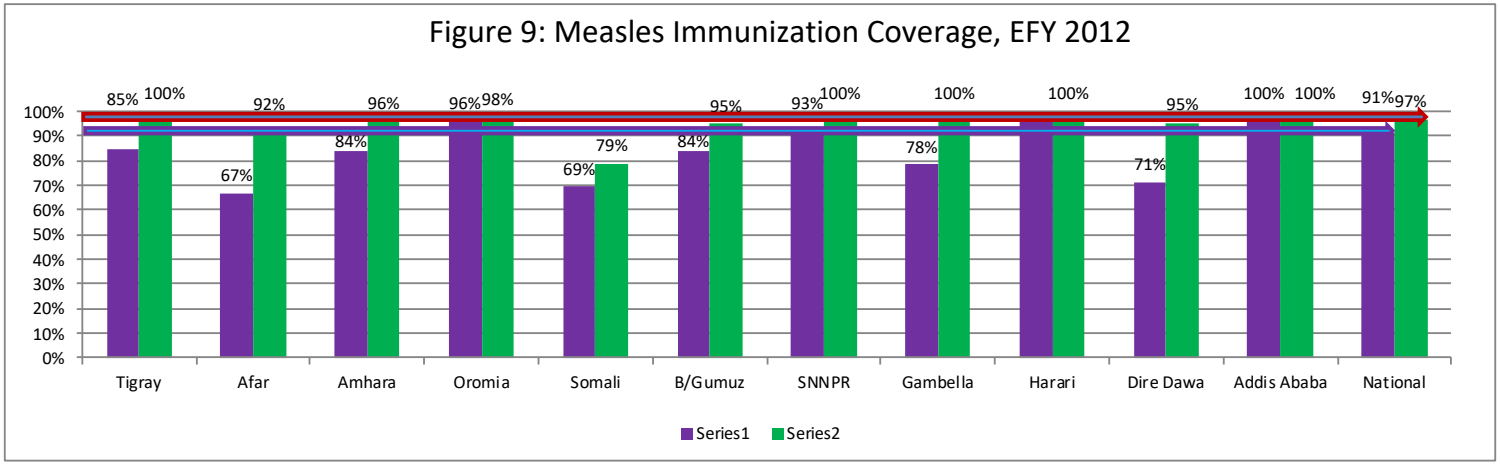


Table 12: Pneumococcal conjugated vaccine (PCV3) immunization Coverage, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible:Estimated number of surviving infants, EFY 2012		177,432	52,611	691,029	1,227,812	182,091	34,987	655,621	13,391	7,626	15,335	74,982	3,140,385
PCV 3 coverage, EFY 2011	#	155,070	37,557	598,234	1,242,517	142,052	30,187	610,653	11,078	8,290	11,524	124,210	2,971,372
	%	89%	74%	88%	100%	80%	89%	95%	85%	100%	77%	100%	97%
Planned Number of surviving infants who have received PVC 3 vaccine, EFY 2012	#	177,302	47,751	690,268	1,227,812	144,044	34,987	655,084	12,324	7,626	14,605	74,982	3,086,785
	%	100%	91%	100%	100%	79%	100%	100%	92%	100%	95%	100%	98%

Figure 10: PCV3 Immunization Coverage, EFY 2012

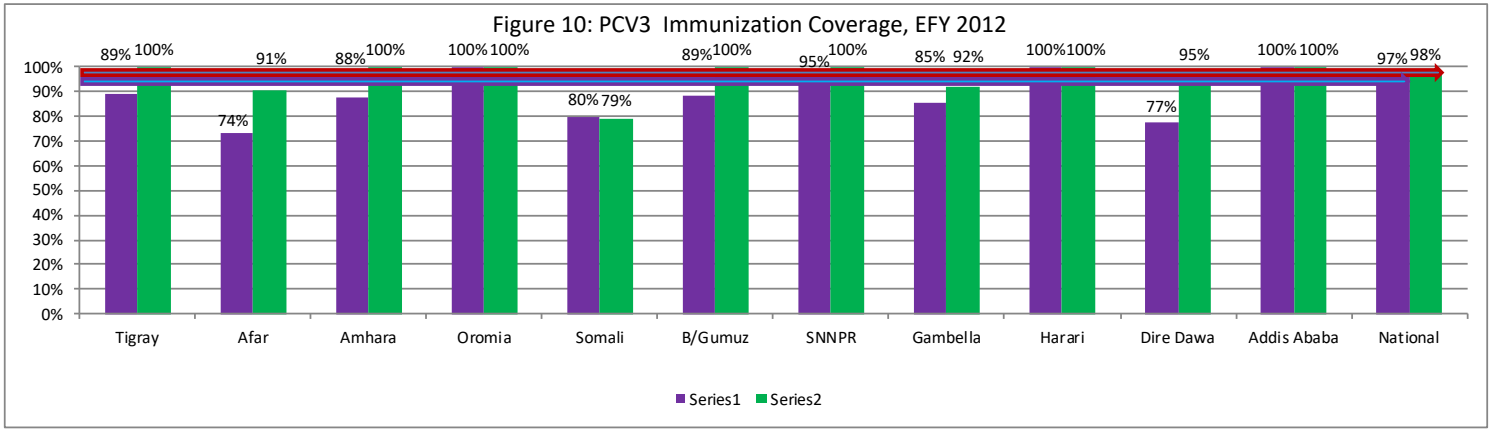


Table 13: Full immunization coverage, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible:Estimated number of surviving infants, EFY 2012		177,432	52,611	691,029	1,227,812	182,091	34,987	655,621	13,395	7,626	15,334	82,450	3,140,389
Number of surviving Infants fully Immunized, EFY 2011	#	146,991	34,802	566,615	1,089,489	108,835	28,795	577,366	8,280	6,835	10,305	112,526	2,690,839
	%	84%	68%	83%	91%	61%	85%	90%	64%	92%	69%	100%	88%
Planned Number of surviving infants fully immunized, EFY 2012	#	168,560	46,465	656,478	1,178,381	144,456	33,238	629,397	12,056	7,397	13,665	82,450	2,972,541
	%	95%	88%	95%	96%	79%	95%	96%	90%	97%	89%	100%	95%

Figure 11: Fully Immunized, EFY 2012

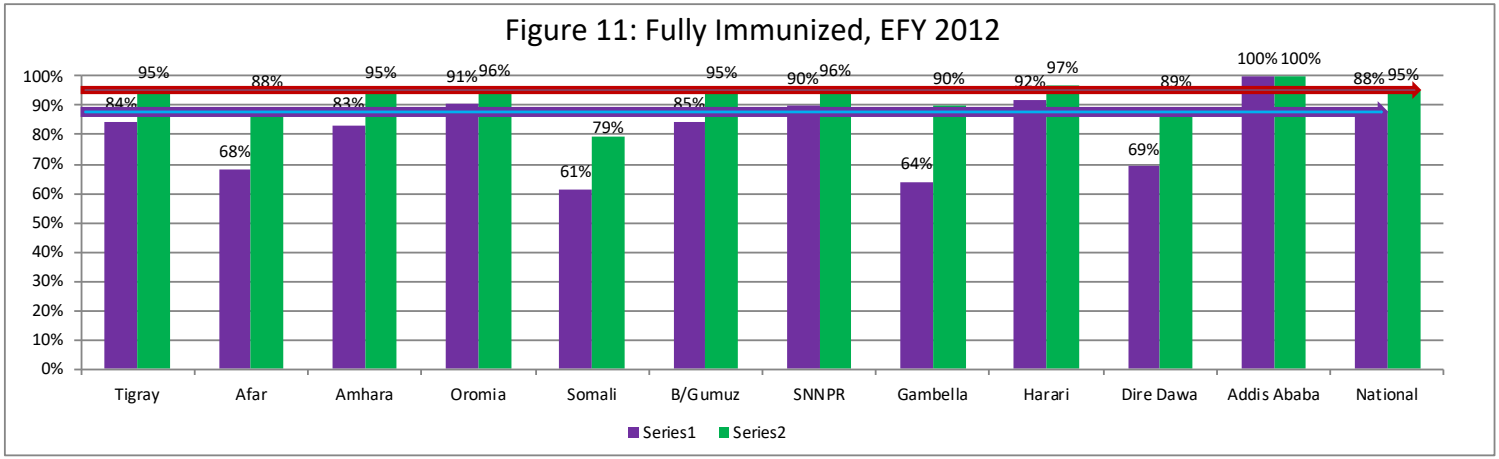


Table 14: Proportion of under-five children with pneumonia received antibiotic treatment, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of children < 5yrs, EFY 2012		217,091	60,282	811,534	1,693,367	173,504	49,849	866,354	18,587	9,660	16,715	71,205	3,988,148
Number of < 5 Children Received Peumonia treatment in EFY 2011	#	123,624	21,934	346,252	829,633	73,393	27,906	404,356	4,791	3,134	3,456	43,538	1,882,017
	%	58%	37%	43%	50%	43%	58%	48%	27%	33%	21%	63%	48%
Planned Total number of < 5 childre treated for peumonia, EFY 2012	#	215,677	44,130	798,254	1,471,344	111,824	42,372	719,577	9,691	8,211	15,530	70,029	3,506,639
	%	99%	73%	98%	87%	64%	85%	83%	52%	85%	93%	98%	88%

Table 15: Proportion of Sick Young infants treated for sepsis, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of sick young infants 0-2 months with sepsis, EFY 2012		14,135	4,272	56,838	100,662	14,897	2,958	54,043	1,102	619	1,240	6,527	257,293
Number of sick young infants 0-2 months treated for sepsis in EFY 2011	#	4,694	661	8,884	29,753	5,337	438	17,251	467	358	114	2,346	70,303
	%	35%	17%	17%	33%	40%	17%	35%	47%	63%	10%	38%	30%
Planned number of sick young infants 0-2 months treated for sepsis, EFY 2012	#	13,855	2,380	56,357	82,895	2,683	2,419	43,528	1,052	525	1,173	5,874	212,741
	%	98%	56%	99%	82%	18%	82%	81%	95%	85%	95%	90%	83%

Table 16: Proportion of asphyxiated neonates who were resuscitated and survived, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of asphyxiated neonates , EFY 2012		18,781	5,621	74,787	132,450	19,601	3,892	71,109	1,449	815	1,631	8,589	338,725
Number of neonates resuscitated for birth asphyxia & survived in EFY 2011	#	3,188	435	4,907	13,888	2,721	238	5,129	104	345	196	4,935	36,086
	%	17%	8%	7%	11%	14%	6%	7%	7%	43%	12%	59%	11%
Planned number of neonates resuscitated for birth asphyxia & survived, EFY 2012	#	18,491	3,921	74,460	107,347	10,441	3,892	66,404	1,449	815	1,631	8,253	297,103
	%	98%	70%	100%	81%	53%	100%	93%	100%	100%	100%	96%	88%

P1.3. Improve Adolescent & Youth Reproductive Health

Performance Measures

- Increase Health centers which provide Adolescent health services from 40% to 77%

Strategic initiatives & Main Activities

- **Strengthen Adolescent Health Service**
  - Conduct awareness creation session on youth and adolescent health to 1,000 health care providers
  - Initiate Youth Friendly Health Services (YFS) at 2,000 health facilities
  - Work with selected universities, colleges and youth clubs to strengthen low coverage of adolescent and reproductive health services

P1.4. Improve nutrition

Performance Measures

- Increase Coverage of Growth Monitoring for under two year's children from 55% to 95%.
- Increase two dose of vitamin A supplementation coverage from 75% to 97% for Children aged 6-59 months.
- Increase coverage of children aged 24-59 month de-wormed twice a year from 66% to 97%
- Increase coverage of pregnant women received iron and folic acid supplementation (90 plus) from 88% to 96%.
- Increase iodized salt utilization coverage to 100%.

Strategic initiatives & Main Activities

- Enhance NNP social mobilization and behavioral change communication
- Strengthen community based nutrition and 1000 days plus nutrition
  - Provide financial and technical support to Create public awareness on implementation of the first 1000 days and nutrition policy.

- Increase severe acute malnutrition cure rate from 52% to 96%.
- Strengthen implementation of programs that reduces chronic malnutrition in a sustainable manner in 50 implementing Woredas.
- Reinforce collaboration and linkage between national nutrition program implementing sectors.
- Strengthen implementation of national nutrition program to minimize stunting in 50 implementing Woredas in collaboration with stakeholders.
- Prepare and transmit message about advantages of integrating Vitamin A services with Expanded program of Immunizations for consecutive months on National and regional medias.
- Strengthen implementation of the first phase of Seqota Declaration;
    - Scale up the comprehensive nutrition service from four pilot test model Woredas to primary health care unit within that Woredas.
- Fulfill nutrition supplies through follow up of forecast, procurement, storage and distribution micronutrient supplies.
- Establish and initiate Nutrition Federation and Coordination Office in all regions and selected Zones;
- Follow up the ratification of Nutrition Federation and Coordination Office establishment proclamation.
- Provide financial and technical support on nutrition in implementing Woredas
- Fulfilling necessary supplies (SC opening kits) to initiate outpatient and inpatient services in all Health posts, Health centers and Hospitals.

Table 17: Proportion of Children 6-59 Months of Age who received two doses of Vitamin A, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of children aged 6-59 months, EFY 2012		713,373	197,808	2,858,316	5,725,506	628,453	178,952	2,864,895	65,218	34,012	61,506	234,434	13,562,473
Number of Children 6-59 Months Received two doses of Vitamin A in EFY 2011	#	598,658	26,493	2,266,450	4,994,557	55,608	33,588	1,566,609	34,982	28,110	37,729	284,945	9,927,729
	%	85%	14%	81%	89%	9%	19%	56%	55%	85%	63%	100%	75%
Planned Total number of children aged 6-59 months who received a dose of Vitamin A supplementation, EFY 2012	#	713,373	170,479	2,858,315	5,559,248	502,763	178,952	2,822,090	65,330	34,012	60,100	234,434	13,199,096
	%	100%	86%	100%	97%	80%	100%	99%	100%	100%	98%	100%	97%

Table 18: Proportion of children 24-59 months of Age Dewormed Twice, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benis-hangul Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible:Estimated number of children aged 2-5 years, EFY 2012		440,846	150,035	1,885,119	4,092,309	495,600	118,210	2,143,831	44,986	22,593	40,656	163,780	9,597,964
Number of Children 2-5 Years of Age Dewormed Bi-Annually, EFY 2011	#	338,200	20,045	1,395,300	3,150,551	47,881	17,455	1,049,262	20,936	18,576	23,505	111,781	6,193,492
	%	78%	14%	75%	79%	10%	15%	50%	48%	84%	59%	70%	66%
Planned number of children aged 2-5yrs who received 2nd dose of de-worming, EFY 2012	#	440,477	129,528	1,884,847	3,977,379	343,658	118,210	2,110,018	45,100	22,593	40,168	163,780	9,275,758
	%	100%	86%	100%	97%	69%	100%	98%	100%	100%	99%	100%	97%

Table 19: Proportion of children under 2 years of age who participated in Growth Monitoring and Promotion, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible:Estimated number of children under 2 years age, EFY 2012		359,908	73,233	1,120,561	2,179,417	147,007	66,418	1,064,889	23,855	13,185	21,255	99,972	5,169,700
Number of Children under 2 Years of participated of GMP, EFY 2011	#	98,943	2,295	533,557	812,708	3,733	19,490	524,132	817	3,818	2,070	34,088	2,035,651
	%	56%	5%	48%	87%	3%	31%	50%	4%	30%	10%	29%	55%
Planned number of children who participated Growth monitoring, EFY 2012	#	353,567	55,533	1,119,851	2,078,268	82,954	59,343	1,030,226	17,646	13,099	21,136	99,972	4,931,594
	%	98%	76%	100%	95%	56%	89%	97%	74%	99%	99%	100%	95%

P1.5.Hygiene and environmental health

Performance Measures

- Increase Proportion of households having any latrine from 42 % to 92%
- Increase Proportion of households with improved pit latrine from 23% to 55%
- Increase proportion Kebeles declared 'Open Defecation Free' from 40% to 65%
- Increase Proportion of Health Institutions with safe and adequate water supply from 35% to 45%
- Increase Proportion of Health Institutions with improved latrine facilities from 75% to 80%
- Increase Percentage of Health Institutions practicing safe and properly managed Hazardous wastes 58% to 70%
- Increase Number of woredas established sanitation marketing centers from 370 to 500

Strategic initiatives & Main Activities

- Strengthen safe disposal system of dangerous waste materials in health facilities
- Strengthen sanitation marketing centers, general community based sanitation and environmental hygiene activities.
- Enhance household water treatment.
- Strengthen hygiene and environmental health in health facilities and other institutions.
- Support the construction of 203 Water points, 196 toilets, 181 Incinerator, 129 placenta pits in one WASH national program (OWNP) implementation woredas.
- Provide immediate response to emergency and climate change related health problems.
    - Introduce Emergency WASH guideline and climate resilient criteria
- Establish and support sanitation marketing centers in each PHCUs found in transformation Woredas
- Finalize five years implementation strategy of Open Defecation Free (ODF)
- Conduct supportive supervision to strengthen solid and liquid waste management
- Follow the implementation of WASH and menstrual hygiene management (MHM) in three pilot woredas in Afar, D/D & SNNPR.

Table 20: Proportion of households that have access to any type latrine, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible:Total number of households, EFY 2012		1,252,402	343,595	5,160,905	7,952,091	939,813	253,617	4,194,205	105,021	67,604	112,586	899,041	21,280,881
Households with Latrines, EFY 2011	#	124,551	21,037	2,363,431	3,425,100	27,257	59,698	2,322,258	17,207	16,303	3,919	274,656	8,655,417
	%	10%	6%	47%	44%	3%	25%	57%	17%	25%	4%	35%	42%
Cumulative Number of households with any type of latrine facilities (both unimproved and improved), EFY 2012	#	1,119,953	149,301	5,135,096	7,464,614	424,233	245,788	4,056,586	45,354	60,168	68,509	806,853	19,576,454
	%	89%	43%	99%	94%	45%	97%	97%	43%	89%	61%	90%	92%

Table 21: Proportion of kebeles declared Open Defecation Free (ODF), EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of kebeles that have been declared open defecation free, EFY 2011	#	494	28	1,402	3,957	243	72	1,701	20	5	3	415	8,340
	%	61%	7%	37%	56%	17%	15%	40%	8%	14%	3%	18%	40%
Planned Number of kebeles to declare open defecation free, EFY 2012	#	558	113	3,515	5,512	287	374	3,604	53	34	28	761	14,838
	%	69%	32%	91%	83%	24%	79%	85%	20%	95%	60%	88%	79%

P1.6. Prevention and control of Major Communicable Diseases

P1.6.1 HIV/AIDS

Performance Measures

- Increase percentage of people living with HIV who know their status to 92%
- Increase number of Adults receiving ART from 447,769 to 520,2027
- Provide Pediatrics ART for 44,450 children
- Number of people living with HIV currently on ART 564,652
- Increase the viral Load testing rate from 67% to 90%.
- Increase viral load suppression rate (less than 1000 copies/ml) from 89% to 90%
- Increase number of STI cases managed from 231,680 to 581,798

Strategic initiatives & Main Activities

- Strengthen awareness on HIV prevention through Social mobilization and Behavioral Change Communication for most at risk population (MARPs) and targeted population
  - Prepare and distribute BCC materials for 1,539,918 girls and young women, 900,000 mobile workers, 242,118 widows, 144,000 Commercial sex workers and 27,000 long distance drivers
  - Prepare and distribute BCC materials to 10,331,947 students
  - Strengthen HIV prevention and control activities in special support regions
  - Prepare and disseminate messages on HIV prevention to disabled and blind people
  - Prepare and disseminate a spot message on HV treatment through television and radio including using sign language
- Strengthen Voluntary Medical male circumcision (VMMC) and HIV prevention activities in Gambela region
- Provide 8.25 million Targeted HIV Testing and Counseling services through innovative approaches
- Conduct innovative targeted HIV testing approach and identify 93,108 people living with HIV

- Provide HIV pre exposure prophylaxis to 19,697 people
- Strengthen Pediatrics HIV service and improve its prevention and control
  - Improve awareness of children and youths on HIV
  - Strengthen and scale up HIV counseling and testing for pediatrics and youths,
  - Implement two year accelerated plan and support Health Facilities
  - Facilitate the enrolment of students living with HIV to Universities where ART service are availabele
- Improve quality of national ART service
  - Provide Quality ART service
  - Assist the six regions that are on process to transit from PEPFAR support to govenement
  - Strengthen quality improvement plans on HIV care and support
  - Support and follow up 36 Health Facilities to initiate provision of third line ant- retroviral drugs
  - Strengthen partnership in HIV services
  - Support and monitor clinical mentorship programs
- Strengthen routine viral load testing monitoring in all service site
  - Enhance samples transportation service of CD4, VL and EID
- Enhance HIV prevention and control service for internally displaced people
- Provide family planning and HIV prevention service for targeted and more vulnerable people Strengthen and follow implementation of Appointment Spacing Model
- Support and monitor the pilot Community ART program in Addis Ababa
- Strengthen STI prevention and control activities
  - Strengthen the management of STI through syndromic approach
  - Provide medical treatment for 581,798 STI patients
  - Strengthen integration of STI treatment with other helath service

Table 22: Number of STI cases managed, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of STI cases managed , EFY 2011	#	19,689	2,140	54,047	89,341	2,028	1,876	30,707	1,926	607	2,033	27,286	231,680
Number of STI cases managed , EFY 2012	#	17,931	3,822	343,749	100,918	21,639	2,650	34,615	1,695	583	3,878	19,845	581,798

Table 23: Percentage of people living with HIV who know their status, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Number of Expected HIV+, EFY 2012	#	58,520	14,578	184,617	178,984	6,456	7,114	70,798	13,889	5,521	12,103	96,684	649,264
Number of people who know their HIV status in EFY 2011	#	66,567	13,983	140,146	202,072	-	5,274	39,529	27,804	27,188	5,913	-	528,476
Planned Number of people who know their HIV statu, EFY 2012	#	57,072	10,265	174,559	167,928	1,811	6,511	60,482	12,339	5,521	11,163	91,374	599,025
	%	98%	70%	95%	94%	28%	92%	85%	89%	100%	92%	95%	92%

Table 24 Number of adults and children Currently on ART, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of PLHIV currently receiving ARTin EFY 2011	#	43,227	5,089	141,132	112,403	1,866	4,156	39,869	6,105	4,620	6,648	94,763	467,769
Planned Number of PLHIV currently receiving ART , EFY 2012	#	51,056	12,078	161,631	153,205	5,303	6,126	60,485	11,640	4,881	10,375	87,872	564,652

P1.6.2TB

Performance Measures

- Increase all type of TB case detection rate from 69% to 84%.
- Increase TB Treatment Success rate from 95% to 96% and cure rate from 84% to 88%
- Increase DR-TB detection rate from 66.5% to 72%
- Increase DR-TB treatment success rate from 72.5% to 80%
- Detect 3,261new leprosy cases
- Increase Leprosy treatment completion rate to 95%
- Decrease Leprosy grade 2 disability rate <10%

Strategic initiatives & Main Activities

- Strengthen implementation of community based TB prevention and control activity.
- Print and distribute 3,000 flipcharts and different electronics materials for awareness creation.
- Strengthen TB detection and treatment in 16,243 health posts.
- Support pastoralist areas in three regions to implement TB/HIV detection and treatment through mobile TB/HIV clinics.
- Strengthen TB Detection and Treatment through :
    - Execute TB detection and treatment program in 28 highly crowded areas.
    - Expand gene-expert electronic report system in 80 additional health facilities.
    - Strengthen TB detection through sample referral and laboratory networking in 1,188 health facilities.
- Detect and treat 13,861 children and provide contact screening for 20,000 children.
- Expand MDR service to detect and treat 1,036 cases.
- Implement new WHO guideline in 59 MDR TB treatment sites of health facilities.
    - Initiate 8 additional treatment facilities for MDR TB
- Initiate the new DR TB treatment in all treatment initiative centers.
- Increase TB prevention therapy coverage for People living with HIV from 56% to 100%
- Increase proportion of TB pentients tested for HIV from 65% to 99%
- Strengthen and initiate integrated TB/HIV and NCD treatment service in 50 hospitals.

- Strengthen PPM DOTS treatment service and increase PPM DOTS sites from 852 to 977.
- Conduct TB screening for 111,000 people in prison twice a year.
- Strengthen leprosy diagnosis and treatment service provision in 2,439 health facilities.
- Strengthen leprosy eradication strategy through contact tracing.

Table 25: TB case detection rate (All forms), EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Number of Expected TB cases, EFY 2012		9,035	3,212	36,394	62,634	10,310	1,763	33,705	791	432	835	6,045	165,157
TB Case Detection Rate (Smear positive) in EFY 2011	#	6,631	2,109	20,413	42,918	5,553	786	21,455	1,581	513	1,119	7,883	110,961
	%	75%	68%	57%	70%	56%	43%	65%	100%	100%	100%	100%	69%
Planned Number of new TB cases Detection (all forms),EFY 2012	#	7,499	2,409	30,207	52,613	7,733	1,199	28,312	791	432	835	6,045	138,075
	%	83%	75%	83%	84%	75%	68%	84%	100%	100%	100%	100%	84%

Figure 12. TB case detection rate (All forms), EFY 2012

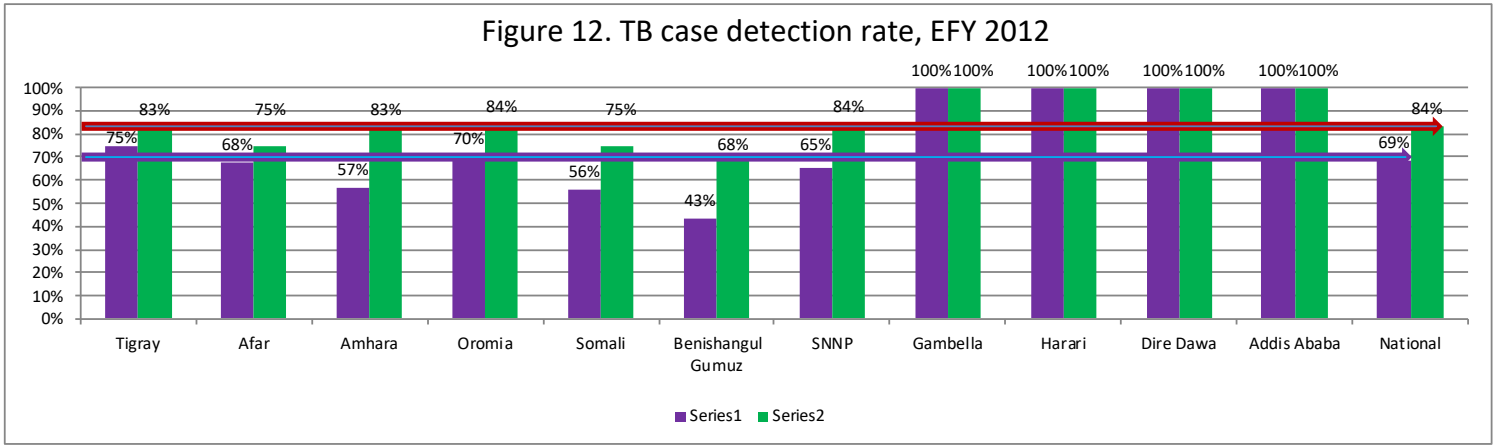


Table 26: TB Treatment Success Rate, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/ Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
TB Treatment Success Rate in EFY 2011	%	93%	92%	95%	96%	93%	92%	94%	88%	96%	94%	91%	95%
Planned TB Treatment Success Rate for EFY 2012	%	95%	93%	99%	97%	94%	96%	97%	90%	100%	99%	95%	96%

Figure 13. TB Treatment Success Rate, EFY 2012

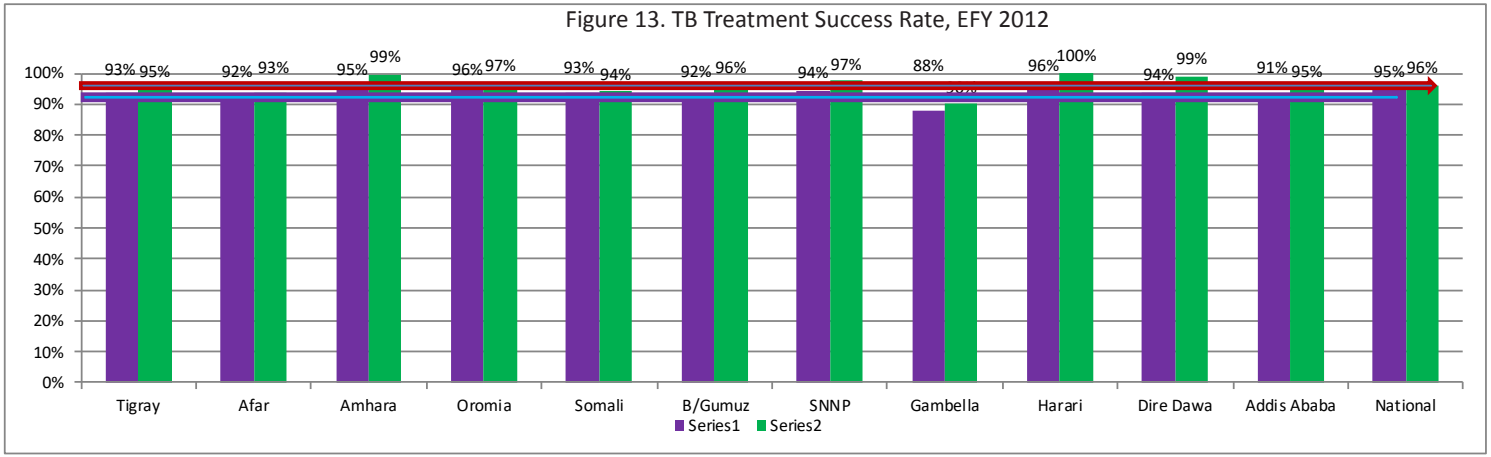


Table 27. TB Treatment Cure Rate, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
TB Treatment Cure Rate in EFY 2011	EFY 2011 (Baseline)	82%	68%	87%	86%	35%	84%	84%	75%	86%	89%	88%	84%
Planned TB Treatment Cure Rate for EFY 2012	EFY 2011 (Target)	91%	80%	91%	91%	75%	85%	90%	85%	89%	95%	95%	88%

P1.6.3 Malaria

Performance Measures

- Distribute 11.89 million LLNT to Region which need replacement
- Conduct indoor residual spray (IRS) in 3.42 unit structures
- Decrease number Malaria Cases from 993,999 to <950,000
- Reduce proportion of Malaria mortality from 0.2% to 0.1%

Strategic initiatives & Main Activities

- Strengthen community awareness on malaria prevention, control and elimination
- Strengthen malaria diagnosis and treatment services
- Strengthen vector control and implement malaria elimination activities in selected 239 Woredas
- Conduct survey on status of LLN distributed in EFY 2011 and chemicals resistance vectors
- Implement environmental management activities
- Controll other vector-borne diseases (abrovirus diseases), such as dengue fever, chikungunia, yellow fever and zika virus
- Conduct indoor residual spraying of 3.35 million unit structures in the budget year
- Strengthen malaria surveillance and malaria program monitoring & evaluation
- Procure and distribute anti-malarial drugs for treating 4.3 million patients and rapid diagnostic tests for testing 7.7 million febrile patients
- Identify 200 Woredas for first chapter optimization phase of second round malaria elimination
- Conduct surveillance (Case and foci investigation) in 239 malaria elimination Woredas

- Procure and distribute 400 microscopes to 200 newly enrolled malaria elimination woredas.
- Procure and distribute 11.89 million LLINs, Provide training on malaria elimination

Table 28: Proportion of Households Covered with Indoor Residual Spray (IRS) in Targeted Villages, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishan-gul Gumuz	SNNP	Gambella	Harari	Dire Dawa	National
Eligible - Number of Unit stractyre in epidemic prone villag-es, EFY 2012		556,344	24,796	735,863	701,241	275,356	256,603	719,874	113,820	23,446	9,733	3,417,076
Unit stractyre in epidemic prone villages covered with IRS, EFY 2011	#	354,495	41,137	674,718	980,322	-	261,904	662,994	95,564	38,593	-	3,109,727
Unit stractyre in epidemic prone villages covered with IRS, EFY 2012	#	556,344	24,796	735,863	701,241	275,356	256,603	719,874	113,820	23,446	9,733	3,417,076
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 29: Number of LLINs Distributed, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	National
Eligible - Number of HHs in targeted villages, EFY 2012		2,245,866	1,133,262	8,344,865	12,633,110	2,774,466	590,500	6,171,499	233,300	126,616	197,700	34,451,184
Total Number of HHs in targeted villages received at least one LLIN, EFY 2011		324,572	542,271	4,442,788	6,598,909	2,774,466	-	1,992,810	-	126,616	197,700	17,000,132
Planned Number of HHs with at least one LLINs in targeted villages in EFY 2012	#	324,572	612,762	2,500,992	6,000,000	-	2,452,355	-	-	-	-	11,890,681
	%	14.5%	54.1%	30.0%	47.5%							34.5%

P1.6.4 Neglected Tropical Diseases (NTD)

Performance Measures

- Increase geographical coverage mass drug administration to 100%
- Increase therapeutic coverage for Lyphictic flariasis (LF) by 65%, schistosomiasis and other intestinal parasites by 75%, Onchocerciasis by 80% and trachoma by 80% among eligible population
- Conduct LF MDA in 54 district and maintain the therapeutic coverage above 65%

Strategic initiatives & Main Activities

- Conduct community based interventions and mass drug administration in 9 regions on priority NTDs (trachoma – in 620 woredas, lymphatic filariasis in 65 woredas, onchocerciasis – in 213 woredas, schistosomiasis – in 236 woredas and helminthiasis in 500 woredas)
- Conduct TT surgery for 90,000 Patients from the total of 268,066 backlog TT surgeries in all regions.
- sustain treatment service and prevent disability in 345 weredas with non-communicable LF lymphedema
- Strengthen prevention and control of neglected tropical diseases through Collaboration with stakeholders.
- Conduct mass drug administration in 6 regions (137 woredas and 4 new camps) for 51,039,234 eligible populations.
- Conduct Epidemiologic and Entomologic Studies to identify onchocerciasis disease prevalence in 166 districts of Tigray, Somali and Afar regions.
- Provide leishmaniosis treatment services for more than 3000 clients by increasing the number of health facilities that provide the service from 28 to 37
- Conduct awareness creation activities on prevention and management of scabies in 6 regions
- Strengthen activities to bring Zero report of Guinea worm in EFY 2012.

P1.6.5 Non-Communicable Diseases (NCD)

Performance Measures

- Initiate cervical cancer screening service in 700 newl woredas and provide services to 369,711 women.
- Scale up LEEP service in 30 new hospitals to increase number of hospitals which gives LEEP service from 15 to 45
- Decrease Cataract surgery backlog by 80000

Strategic initiatives & Main Activities

- Strengthen prevention and control of non-communicable disease
  - Prepare and distribute BCC materials and transmit radio and television messages on the prevention and control of non-communicable diseases and risk factors.Support and monitor the implementation of car free day nationwide
  - Conduct advocacy on cervical cancer screening service
  - Publish and disseminate a seven-year strategic plan on prevention and control of major NCDs
- Strengthen and expand NCD screening and treatment service
  - Initiate cancer screening service in six newly selected centers
  - Initiate cancer radiation therapy in five selected Hospitals
  - Initiate and monitor integrated major NCD (detection, diagnosis, treatment and monitoring services) in 1500 health facilities.
  - Initiate mental health service in 1,400 health facilities by integrating with other services.

P.1.7. Improve Medical Services

Performance Measures

- Increase outpatient attendance per capita from 0.9 to 1.66
- Increase Bed occupancy rate from 41. 5% to 60%
- Reduce hospital average length of stay to 5days
- Increase implementation of hospital transformation guide line to 80%
- Increase number of hospitals providing ICU service from 40 to 60 .
- Enhance web-based referral linkage from 28.3% to 50%.
- Increase regular blood donors from 4% t0 10%.
- Collect 310,500 unit bloods from voluntary donors.
- Increase number of blood banks that collect blood from volunteers from 38 to 43

Strategic initiatives & Main Activities

- Establish patient's advisory committee in all Hospital's.
- Support private health facilities to implement FMOH guidelines and manuals
- Implement CATCH-IT/I-CARE initiatives in all hospitals using EHAQ
- Provide support to EHSTG implementation in 83 selected public hospitals to reach 80% of implementation
- Strengthen HSTQ audit implementations in hospitals
- Support nursing care service in 83 lead , co-led and federal hospitals
- Support 83 hospitals to implement national health professional dress code guideline
- Prepare Organizational Structure for 12 Physical Rehabilitation Centers
- Expand Basic eye care and mental health service in 20 hospitals
- Strengthen surgical service quality improvement
- Strengthen implementation of hospital SaLT initiative
- Strengthen implementation of teaching hospital initiative
- Enhance community awareness on hospital services
- Enhance professional ethics(CRC) in hospital services

- Improve geriatric care service
- Implement ambulance service standards in 100 woredas
- Strengthen and expand pre facility emergency and community based lifesaving services
- Strengthen facility emergency services
- Enhance and expand critical care services
    - Provide trainings on emergency and critical care services for 3545 professionals
    - Develop 11 different types of emergency and critical care standards/ manuals
- Strengthen preparedness on mass causality
- Enhance medical service for burn and poisoning cases
- Initiate Tele Radiology in 25 hospitals
- Provide technical and financial support for a project that identifies the hospital-based problem in selected 70 hospitals
- Finalize specialty road map
- Prepare draft document for labeling hospitals using five stars
- Conduct Research on hospital food supply system
- Strengthen patient referral system, nursing care, inpatient care and implementation of infection prevention standard
- Strengthen maternal death audit in learning woredas.
- Implement clinical audit program in all hospitals.
- Strengthen implementation of medical gas service in university and federal hospitals
- Implement tertiary teaching hospital improvement project.
- Strengthen implementation of auditable and community pharmacy.
- Follow-up and support on implementation of pharmacy and medical equipment standards (EHSTG).
- Strengthen structural organization and accredit quality of laboratory services.

- Strengthen accessibility diagnostic service in collaboration with private facilities.
- Strengthen and ensure availability of safe quality blood and blood product supply to receivers
- Ensure four blood banks to fit level one standard of African society for blood transfusion
- Develop a mechnism for external quality control all regional blood banksDevelop and set quality standards for 11 health institutions.

Table 30: Outpatient attendance per capita, EFY 2012P2:

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	National
Outpatient attendance per capita in, EFY 2011	1.83	0.36	1.17	0.62	0.21	0.74	0.96	0.90	1.15	1.75	0.90
Planned Outpatient attendance per capita, EFY 2012	2.20	1.35	2.00	1.25	1.00	1.35	1.67	0.95	2.11	2.20	1.66

P2: Improve Health Emergency Risk Management

Performance Measures

- Rehabilitate 80% of damaged Health facilitates due to public health emergencies
- Avert 90% of public health emergences
- Capacitate 50% of hospitals to respond any massive accidents
- More than 85% of epidemics will have less than the acceptable mortality rate

Strategic initiatives & Main Activities

- Strengthen preparedness to respond to any epidemics/ emergency in collaboration with other sectors
- Conduct active surveillance to identify risk factor in the community to epidemic and prepare map to identify risk
- Prepare, print and distribute health education material to control epidemics risks
- Strengthen health facilities for emergency preparedness ,response and rehabilitation in epidemic risk
- Strengthen public health emergency management to prevent and control epidemic risk
- Strengthen both facility and community based surveillance system through timely monitoring and follow up
- Improve human resource mix to prevent and control national emergency epidemic risk

Table 31: Proportion of health facilities with complete and timely weekly diseases report, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	National
Proportion of health facilities with complete and timely weekly report, EFY 2011	%	82%	3%	16%	55%	132%	31%	47%	4%	17%	44%	44%
Proportion of health facilities with complete and timely weekly report, EFY 2012	%	96%	79%	100%	80%	81%	85%	86%	71%	98%	90%	86%

P3: Enhance Good Governance

Performance Measures

- Increase Hospitals Good Governance Index (GGI) to 75%
- Scale up Community Scorecard implementation in 600 Weredas
- Increase community satisfaction to 75%

Strategic initiatives & Main Activities

- Conduct assessment on customer satisfaction and improve implementation of citizens charter
- Improve and implement health development army guideline
- Implement Level-1 Kai Zen in 11 Hospitals.

- Conduct assessment on GGI in ten Hospitals
- Provide capacity building trainings on good governance to 60 participants from special support regions
- Scale up implementation of Community Scorecard
- Strengthen health development army forum
- Strengthen leadership capacity and community health training centers
- Strengthen Women empowerment and facilitate in assigning women to leadership at different level of health sector
- Strengthen capacity on Women, children and youth through providing training for 250 participants
- Conduct gender audit in the health sector
- Strengthen sexual violence prevention and response services and improve day care services on health facilities
- Improve and institutionalize disability inclusive program in health sector
- Facilitate activities on youth health to build youth free from substance abuse through training of 1,530 participants and material support for street children
- Strengthen public wing and expand best experiences
- Strengthen the struggle for minimizing rent seeking behavior at different level of health system

P4: Improve Regulatory System

Performance Measures

- Increase proportion of health facilities that fulfill the standards to 87%
- Increase proportion of inspected health facilities to 93%.
- Increase proportion of food facilities with quality control system to 85%
- Increase proportion of pharmaceutical facilities with internal quality control system to 50%

Strategic initiatives & Main Activities

- Provide support to implement quality assurance system in all food processing organization
- Conduct hygiene and sanitation control for all health and health related facilities
- Conduct consignment of quality investigation on 28 imported food items.
- Provide marketing licensee for 1200 food items after confirming proper food processing and production system.
- Conduct and strengthen inspection for facilities before and after receiving license
- Conduct post- market laboratory Quality of control
- Conduct Quality investigation on consignment of 21 items of food products
- Provide clearance after conducting quality and safety control for foods imported from abroad
- Confirm third party quality assurance certificate for easily spoiled domestic or imported food product
- Follow the good production practice of drugs
- Provide market license for 2000 pharmaceuticals after reviewing necessary documents
- Provide market license for 10 traditional medicines healers and 800 medical equipment's
    - Identify, strengthen and support important aspect of traditional medicine healers
- Conduct post market product quality assessment on (condom, reagent & medical instrument) and sampled drugs which may have quality problem
- Conduct quality consignment for 25 drug items and condoms imported from abroad

- Provide especial license to import narcotic, psychotropic and precursor drugs
- Conduct cohort monitoring study on ART side effects
- Strengthen national tobacco control committee and prepare strategy for implementation of the new proclamation
- Improve drug storage administration and strengthen controlling at import custom spots
- Encourage and support local and foreign investors for drug production and establish micro drug formulary laboratories in the hospital.
- Ensure quality of food and drug laboratory materials using National calibration.

Table 32: Proportion of food and drinking establishments Inspected, EFY 2012

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	National
Proportion of of food and drink establishments inspected in, EFY 2011	84%	36%	49%	63%	17%	70%	71%	66%	35%	0%	45%
Proportion of of food and drink establishments inspected in, EFY 2012	97%	70%	100%	90%	54%	90%	95%	93%	100%	78%	79%

P5: Improve Supply Chain and Logistic Management

Performance Measures

- Increase availability of essential drugs in primary health care unit(health center and health post) from 72% to 100 %
- Reduce procurement of medicine and medical equipment lead time to less than 120 days
- Reduce national drug wastage rate to less than 2%
- Increase availability of medicine and medical supplies for secondary and tertiary level health facilities to 95% and 90%, respectively

Strategic initiatives & Main Activities

- Strengthen capacity on identification, quantification and supply of drugs and medical equipment's
- Implement cyclical procurement system
- Strengthen market surveillance system

- Expand central warehouse to manage the demand of branches and to control distribution of slow moving of drugs
- Promote Cross- docking distribution pharmaceuticals
- Facilitate the endorsement of revised proclamation of the Ethiopian pharmaceuticals supply agency
- Establish and strengthen forecasting and request of pharmaceuticals based on demand by health facilities
- Strengthen public - private partnership on logistics and pharmaceutical supplies management
- Strengthen safe and sustainable supply chain management system
- Strengthen, expand and institutionalize APTS
- Establish appropriate system for proper administration of medical equipment and technology
- Strengthen drug and therapeutics committee/DTC and DIS at all facilities
- Scale up implementation of community and hospital pharmacy service
- Strengthen disposal system of medical equipment and drugs
- Strengthen clinical pharmacy service, drug formulary system and wise use of drug management
- Prepare policy and strategy on administration of medical equipment and strengthen its implementation
- Prepare database for specification of medical equipment available in health facilities
- Monitor procurement, installation and maintenance of medical equipment
- Establish refurbishment center for maintenance of nonfunctioning medical equipment's
- Conduct study in medical equipment technology selection, handling, installation, maintenance, calibration and disposal of nonfunctional medical equipment's.
- Follow and support the implementation of medical equipment as per of EHSTG.

Table 33: Essential drug availability at Health Center, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	National
Rate of Essential drug avalability at Health Center in, EFY 2011	%	86%	70%	79%	66%	47%	69%	75%	52%	96%	100%	72%
Rate of Essential drug avalability at Health Center in, EFY 2012	%	100%	81%	100%	90%	82%	100%	97%	93%	100%	100%	100%

P6: Improve Community Participation and Engagement

Performance Measures

- Increase proportion of model household from 16% to 75%
- Increase number of transformed Woredas from 12 to 50
- Increases number of health posts implemented 2nd Generation Health Extension Program from 136 to 429

Strategic initiatives & Main Activities

- Conduct assessment on strategy of community participation and propose other better options and pilot testing five Woredas
- Strengthen capacity of Women Development army
    - Provide competency based training to 614,787 WDA leaders
    - Conduct assessment of effectiveness on the implementation of WDA –CBT

- Print and distribute family health guideline in 614,787 copies and follow up its implementation

- ❖ Implement Woreda transformation in one selected Woreda through collaboration with all relevant sectors
- ❖ Sustain 12 model Woreda on transformation agenda, support 50 Woreda to make model and facilitate 200 Woredas to reach medium performance on Woreda transformation agendas
- ❖ Develop Model Household training and graduation implementation manual
- ❖ Provide IRT for 35,000 HEWs
- ❖ Strengthen Second Generation HEP implementation and Conduct assessment on implementation in selected health posts
- ❖ Provide technical and financial support to implement Woreda transformation
- ❖ Prepare ignition document to strengthen implementation of Woreda transformation
- ❖ Follow up Woreda transformation status using dashboard indicator from DHIS2 and provide feedback every quarters
- ❖ Develop, print and distribute 600 copies of health education manual Conduct social mobilization activities and celebrate world health days
- ❖ Print and distribute 600,000 copies of rural family health guide
- ❖ Strengthen rural Health Extension Program
- ❖ Strengthen PHCU through:
    - Re-structure urban primary health care unit and implement in 60 towns Implement Primary health care clinical guideline supported by Mobile application in 1500 Health Centers
    - Provide technical support to 100 health center to build patient triage center using internal revenue
    - Distribute 2,700 motorcycles to strengthen sustainable support of health centers to Health Posts
    - Conduct TOT for 80 professionals on CASH –IPPS
    - Print and distribute 15,000 copies of Primary Health Care clinical Guideline
    - Conduct TOT for 120 professionals on Primary Health Care clinical Guideline

- ❖ Strengthen school health and nutrition services through:
  - Conduct training on school health and nutrition programs to 9,600 leaders of schools health clubs
- ❖ Standardize health promotion messages and evidences
  - Distribute previously prepared audio and audiovisual SBCC materials for selected health institution in 150 Woredas
  - Print and distribute School Health Nutrition Program (SHNP) core message guide in 10,000 copies
  - Conduct assessment to design health promotion and education strategies to prisons and factories

Table 34: Household Graduates after Completing Health Extension Package Training, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Total Number of Eligible Households, EFY 2012		1,252,402	343,595	5,160,905	7,952,091	939,813	253,617	4,194,205	105,021	67,604	112,586	899,041	21,280,881
Model Households, EFY 2011	#	110,164	28,934	1,706,102	548,098	19,759	96,474	872,929	10,745	3,363	265	-	3,396,833
	%	9%	9%	34%	7%	2%	39%	20%	9%	6%	0%	0%	16.0%
Planned Model Households in, EFY 2012	#	997,223	132,324	4,337,699	5,659,113	385,773	199,703	3,474,876	56,882	59,875	85,056	553,208	15,941,730
	%	80%	39%	84%	71%	41%	86%	83%	54%	100%	76%	72%	75%

Figure 14. House Hold Graduation, EFY 2012

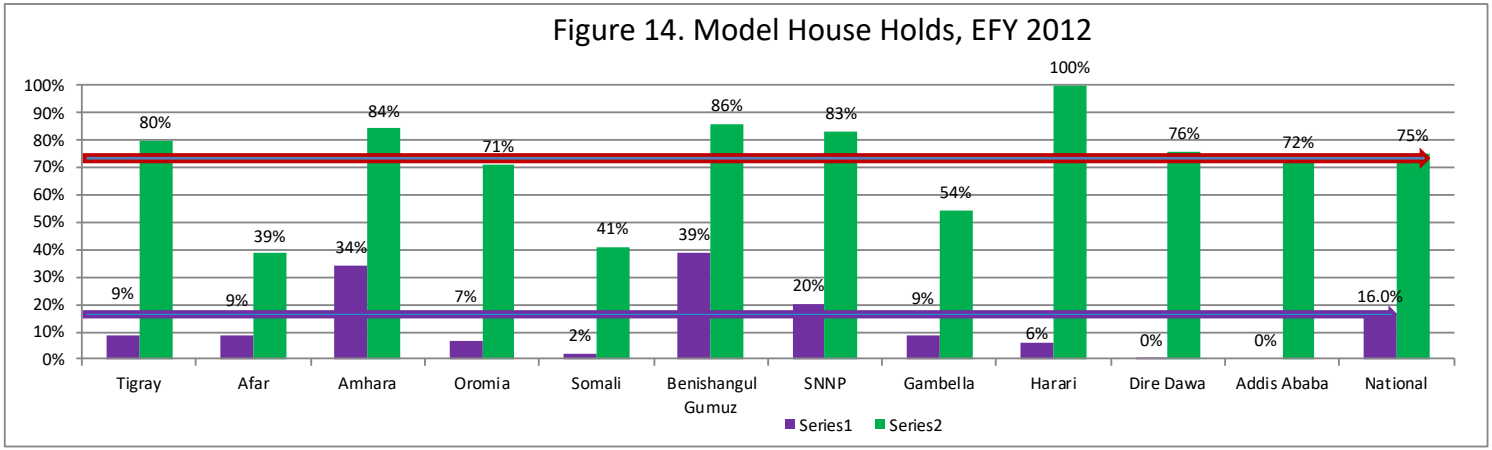


Table 35: Proportion of functional 1 to 5 networking, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Total Number of Eligible Households, EFY 2012		235,314	68,719	897,142	1,590,418	187,963	39,852	699,035	21,010	11,975	26,182	159,670	3,937,280
Proportion of Funactional 1 to 5 networking, EFY 2011	%	75%	11%	20%	60%	13%	76%	92%	36%	11%	59%	29%	67%
Planned Proportion of funactional of 1 to 5 networking EFY 2012	%	96.9%	30.8%	93.3%	80.0%	52.9%	100.0%	94.9%	67.5%	95.6%	87.9%	81.5%	80.1%

P7: Improve Resource Mobilization

Performance Measures

- Mobilize 80% of financial gap required to implement EFY 2012 planned health programs
- Increase CBHI Implementing Woredas from 657 to 752
- Increase CBHI Implementing Health facilities from 472 to 522.

Strategic initiatives & Main Activities

- Approve and implement CBHI proclamation
- Review and update CBHI legal framework
- Secure and transfer CBHI government budget to woredas timely
- Support and monitor collection of CBHI freeand provide ID cards timely
- Conduct service provision assessment of health facilities for new request of CBHI services
- Develop and implement borderless CBHI services to members
- Conduct clinical audit on all implementing hospitals
- Prepare benefit package manual to CBHI members
- Strengthen implementation of health care financing
- Strengthen public private and other stakeholders partnership
- Enhance collaboration with neighboring countries
- Strengthen diaspora participation/involvement in the health sector

P8: Improve Research and Evidence for Decision Making

Performance Measures

- Maintain woredas with evidence based planning at 100%
- Increase report completeness from 81% to 94%
- Increase report timeliness from 71% to 94%
- Increase proportion of health facilities that conduct LQAS from 67% to 81%

Strategic initiatives and main activities

- Enhance implementation of one plan, one budget and one report principle
  - Develop HSTP II and Prepare aligned EFY 2013 WBHSP
- Strengthen surveillance system
- Conduct routine data quality assessment (RDQA)
- Conduct different Operational researches
  - Conduct behavioral study on long vehicle drivers and commercial sex workers
  - Conduct gap analysis on TB diagnosis algorithm
  - Conduct nutritional value assessment on 6 cultural foods of Ethiopia
  - Conduct the burden of disease study on 250 types of diseases
  - Conduct biomedical and clinical researches
  - Conduct 2 operational researches on selected emergency and ICU services
- Conduct SPA survey
- Enhance the data management center
- Prepare rabies vaccine production package from cell culture Strengthen implementation of connected Woreda
- Make 136 woredas and 28 hospitals to be model on information revolution and establish Woreda transformation grant fund
- Strnegthen community health information system (CHIS)
  - Implement urban CHIS in all urban cities and the revised agrarian CHIS in all health posts
  - Revise and implement pastoralist CHIS
- Strengthen vital events registration in collaboration with Immigration, Nationality and Vital Event Agency (INVEA
- Finalize and distribute guidelines which enhance health information system Conduct consultative workshop every six months with CBMP universities, selected hospitals and public wings
- Print and distribute HMIS registers
- Conduct health Sector performance review regularly

- ❖ Enhance implementation of balanced scorecard at all levels
- ❖ Implement DHIS 2.3. in all public health facilities and private hospitals
    - Establish DHIS academia in Addis Ababa

Table 36: Proportion of health facilities with complete report, EFY 2012

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	National
Proportion of Health facilities with complet reported in, EFY 2011	86%	58%	43%	116%	64%	83%	87%	82%	100%	93%	81%
Proportion of Health facilities Planned with complet reported in, EFY 2012	98%	95%	56%	90%	94%	100%	99%	100%	100%	100%	94%

CB1: Enhance use of Technology and Innovation

Performance Measures

- ➢ Implement Electronic Community Health Information System in 6,974 new Health Post

Strategic initiatives & Main Activities

- ❖ Expand HealthNet and VPN services for Health Facilities where Electric power is available and improve networking for Health Administrative structures and Health Facilities

- Finalize Data Center and Disaster Recovery Center
  - Substitute servers with better capacity
  - Equip with the necessary ICT networking materials
- Strengthen Implementation of HRIS
- Implement e-health enterprise architecture and interoperability system
- Implement Tele-Medicine in 25 Public Hospitals
  - Implement Tele-Radiology in all Hospitalsthat have Radiology materials; and Tele-Pathology in selected Hospitals
- Improve and implement e-CHIS in rural Health Posts
- Finalize Data warehouse
- Use National Health Data Dictionary for HMIS disease classification
- Implement Master Facilities Registry at Health Facility level
- Finalize the establishment of innovation Centers
- Develop EMR Compliance Requirements protocol
- Follow up network expansion at 20 Health centers and five hospitals implementing EMR services
- Deploy and implement eCHIS in 6,974 additional health posts and conduct supervision on 1000 eCHIS implementing health posts

CB2: Improve Development and Management of HRH

Performance Measures

- Reduce staff attrition rate from 9% to 4%
- Increase licensing exam pass rate of health extension, emergency technician and health informatics technician to 90%

Strategic initiatives & Main Activities

- Strengthen CRC training to health professionals
- Enroll Physicians to 22 Medical Specialty training programs and 1,230 nurses to 9 specialty training programs

- Facilitate and support the enrollment ofTraining of 2,030 medical students, 2,200 laboratory technicians, 865 medical laboratory technologists, 2,200 pharmacy technicians, 500 midwifery and 500 environmental health professionals.
- Provide field epidemiology training for 74 trainers and applied public health training for 15 trainers.
- Improve computerized licensure examination for selected health cadres.
- Implement need based health professionals training Establish centers of excellence in all higher education institutions
- Strength collaboration with national and international medical colleges/universities

Table 37. Proportion of Health Centers Staffed with at least two Midwives, EFY 2012

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Proportion of Health centers staffed with atleast two Midwifery, EFY 2011	%	96%	69%	33%	73%	42%	96%	86%	41%	100%	100%	64%	65%
Proportion of Health centers staffed with atleast two Midwifery in, EFY 2012	%	100%	94%	99%	97%	84%	100%	99%	100%	100%	100%	100%	97%

CB3: Improve Health Infrastructure

Performance Measures

- Ensure 100% Primary health coverage
- Finalize 70% installation of solar electric power supply to 500 functional health centers.

Strategic initiatives & Main Activities

- Construct 100 Health posts, 7 New Health Centers and student dormitory by Federal budget support.
- Construct new buildings and expand projects of Federal agencies and Hospitals.
    - Finalize Construction of ALERT New pediatric hospital (10%), St.Peter Diagnostic Hospital (15%), Amanuel Hospital residential house (15%), Alert Trauma Center (35%), AHRI Research center (35%), Black Lion Cardiac Center (40%), EPSA Administration building (10%) and
    - Start construction of food and drug quality Diagnostic center.
- Finalize Construction of Regional Health facilities previously started by Federal Budget support.
    - Complete construction of 10 Minor OR Centers.
    - Finalize construction of 14 Regional Laboratory Centers up to 30%.
- Conduct residential houses and expansion of health centers block buildings with 50-50% matching fund.
- Improve 50% of infrastructure (solar electric power of 500 and Pure water supply of 250 health centers) .
- Develop and follow up the standard design of health facilities

CB4: Enhance Policy and Procedures

Strategic initiatives & Main Activities

- Finalize, approve and disseminate revised Health Policy and envisioning document
- Strengthen implementation of disability inclusive policy and legal framework to ensure equitable and accessible health service
- Conduct equit analysis and develop appropriate strategy

Strengthen implementation climate change resilient framework Health System Strengthening Special Support

Performance measures

- Certify 22000 women development armies through providing training.
- Increase family planning service coverage of special support regions (Afar from 29% to 95%, Gambela from 25% to 44%, Benishangul Gumuz from 45% to 76% and Somali from 9% to 25%)
- Increase ANC4+ service coverage of special support regions (Afar from 56% to 74%, Gambela from 23% to 51%, Benishangul Gumuz from 53% to 85% and Somali from 57% to 75%)
- Increase skilled birth attendance service coverage of special support regions (Afar from 32% to 57%, Gambela from 40% to 48%, Benishangul Gumuz from 44% to 82% and Somali from 30% to 58%)
- Increase early postnatal service coverage of special support regions (Afar from 46% to 66%, Gambela from 46% to 70%, Benishangul Gumuz from 67% to 88% and Somali from 45% to 65%)
- Increase Penta 3 immunization coverage of special support regions (Afar from 74% to 98%, Gambela from 87% to 100%, Benishangul Gumuz from89% to 100% and Somali from 80% to 95%)
- Increase MCV1 coverage of special support regions (Afar from 67% to 92%, Gambela from 78% to 100%, Benishangul Gumuz from 84% to 95% and Somali from 69% to 79%)

Strategic initiatives & Main Activities

- Certify 22000 women development armies in special support regions.
- Initiate Health care financing in 278 Health Centers (Somali 200, Afar 20 Health centers and 58 from 7 Zones of other regions)
- Implement Woreda management standard in 58 in four special support regions and seven zones of other regions.
- Provide Microscope support to 79 health facilities in special support regions (Somali 40, Benishangul Gumuz 11, Gambela 8 and Afar 20).
- Develop package that prevents transmission of animal disease to human.
- Launch and Implement Health Extension program strategy and implementation guideline in Afar, Somali and low performing zones and pastoralist areas found in other regions.

Public Relation and Communication

Strategic initiatives & Main Activities

- Identify 6 best practices done by health development army and promote in different medias.
- Facilitate and organize 20 health and 3 National events with different key messages.
- Conduct media monitoring and provide appropriate feedback.
- Provide information, counseling and referral service for the community on communicable and non-communicable diseases and selected health programs.
- Advocate the health sector transformation agendas through printed and electronic medias.
- Administer web portal and social Medias to disseminate timely health information.
- Strengthen communication and Media network activities.

CHAPTER 3

Cost for EFY 2012 Plan

Chapter 3

Resources Requirement and Gaps

Cost for EFY 2012 Plan

As indicated on the table below, the overall estimated cost require for implementation of activities in EFY 2012 is about 75 Billion ETB which is lower than estimated cost for implementation of the fifth year of HSTP (100 Billion ETB) that was prepared using OneHealth tool. That is only 75% of HSTP estimation in base case scenario and 54% in best case scenario, i.e. around 139 Billion ETB. This discrepancy in the cost could be due to the difference in costing methodology used and/orunder costing or not costing of some activities in this planning process.

Out of the total estimated budget, around 67 billion ETB (90%) is expected to be covered from government and aid. The overall financial gap for the fiscal year is7.81 billion ETB.

Table 38. EFY 2012 costing by regions

S.N	Regions	EFY 2012 budget			
		Total Required, EFY 2012	Expected		
			Government	Aid	Financial Gap
1	Tigrai	1,986,649,682	1,235,560,127	463,714,980	287,374,574
2	Afar	457,742,336	359,891,849	75,655,797.27	22,194,690
3	Amhara	10,958,143,038	9,758,654,972	1,127,414,689	72,073,377
4	Oromia	15,213,214,439	11,715,357,450	2,816,072,480	681,784,509
5	Somali	2,134,427,084	1,194,900,921	75,183,492	864,342,671
6	Benishangul Gumuz	704,001,580	506,973,021	196,056,759	971,800
7	SNNPR	12,431,328,651	10,897,600,781	1,271,821,922	261,905,948
8	Gambela	702,280,412	479,096,331	220,377,711	2,806,369
9	Harari	101,362,709	88,239,061	13,123,648	-
10	Dire dawa	225,662,474	186,292,246	16,968,070	22,402,158
11	Addis Ababa	7,853,492,169	5,981,203,064	747,124,511	1,125,164,594
12	Federal	22,214,708,415	5,502,518,131	12,241,430,378	4,470,759,907
	Total Cost	**74,983,012,988**	**47,906,287,954**	**19,264,944,437**	**7,811,780,597**

In the above table, the costs incurred by federal include all costs of FMOH directorates, seven agencies and federal hospitals. The regional cost also includes cost of WoHOs, costs at regional health bureau level and costs of regional hospitals.

Of the total required budget about 55.1 billion ETB is estimated to health system strengthening *(pharmaceutical supplies, health infrastructure &technology,* regulatory, public health emergency, *human capital, governance, research & evidence for decision making and health care financing),* 9.5 billion birr is required for communicable, non-communicable and neglected tropical diseases, 9.1 billion ETB is required for maternal, neonatal, child and reproductive health and nutrition services and 1.2 billion ETB is required for hygiene and sanitation activities.

Table 39: EFY 2012 Financial Plan by strategic objectives

Program costs	Total Budget			
	Required	Expected from		Financial Gap
	EFY2012	Government	Aid	
C1: Improve health status				
Maternal, Newborn, Adolescent and Reproductive Health				
Maternal Health	4,289,665,606.93	1,276,620,081.24	1,876,387,999.17	1,136,657,526.52
Neonatal & Child Health	2,809,740,529.58	902,584,773.74	981,252,715.89	925,903,039.95
Adolescent Health	756,924,147.84	170,762,443.24	325,584,862.69	260,576,841.91
Nutrition	1,280,457,977.86	373,192,402.36	536,487,924.22	370,777,651.28
Hygiene and Environmental Health	1,194,938,647.25	459,196,889.59	559,754,147.94	175,987,609.72
Prevention and Control of Diseases				
Major Communicable Diseases				
HIV/AIDS	2,850,340,801.09	986,831,370.85	1,499,115,178.90	364,394,251.34
TB & Leprosy	1,230,765,672.39	253,654,713.43	714,424,695.91	262,686,263.05
Malaria	2,700,377,700.37	508,573,325.87	1,598,478,451.32	593,325,923.18
Other-communicable diseases / Neglected Tropical diseases	1,726,803,579.61	608,582,364.57	918,963,134.53	199,258,080.52
Non-communicable diseases	1,038,671,352.27	250,377,965.71	541,813,197.00	246,480,189.56
C2: Improve Community Ownership	1,657,166,608.63	1,062,054,509.60	471,065,948.84	124,046,150.20
F1: Improve Efficiency and Effectiveness	1,661,476,745.84	1,247,847,900.61	221,255,886.92	192,372,958.31
P1: Improve access to quality health services	7,775,051,725.67	5,494,707,990.63	1,766,305,479.93	514,038,255.12
P2: Improve Disaster Risk Management	568,935,000.99	252,686,312.40	191,068,992.79	125,179,695.79
P3: Improve governance	1,823,314,028.81	1,476,849,390.46	161,695,187.78	184,769,450.57
P4: Improve regulatory systems	1,863,911,098.00	1,212,376,065.03	257,419,627.04	394,115,405.93
P5: Improve Logistics supply and management	9,130,919,811.94	7,544,069,960.86	1,332,869,150.81	253,980,700.27
P6: Improve community participation and engagement	1,839,587,308.58	951,092,148.75	799,708,347.53	88,786,812.30
P7: Improve resource mobilization	3,416,672,911.53	2,729,650,466.31	465,017,987.25	222,004,457.97
P8: Improve research and evidence for decision making	2,414,664,480.81	643,026,315.13	1,538,137,652.68	233,500,512.99
CB1: Enhance use of technology and innovation	1,201,280,240.46	485,492,719.14	428,279,722.94	287,507,798.38
CB2: Improve development and management of human resource for health	13,105,802,323.88	12,558,560,658.93	429,279,091.30	117,962,573.65
CB3: Improve health infrastructure	8,126,235,891.91	5,981,451,067.81	1,611,417,598.84	533,367,225.26
CB4: Enhance policy and procedures	519,308,796.16	476,046,117.79	39,161,454.87	4,101,223.50
Total costs (all program areas)	**74,983,012,988.40**	**47,906,287,954.04**	**19,264,944,437.09**	**7,811,780,597.27**

Table 40: Regional Profiles, EFY 2012

S.No	Regions	No of Zones	No of Woreda		No of Kebeles		No of Health facilities		
			Rural	Urban	Rural	Urban	Functional Hospitals	Functional HCs	Functional HPs
1	Tigray	7	35	17	742	71	39	224	742
2	Afar	5	32	2	340	9	7	91	325
3	Amhara	15	142	39	3537	326	79	854	3,531
4	Oromia	20	317	39	6300	303	84	1,396	6,962
5	Somali	11	93	6	1214	170	9	202	1,124
6	B/Gumuz	3	21	24	440	35	5	47	403
7	SNNPR	21	181	46	3796	453	69	715	3,874
8	Gambella	3	13	1	235	30	5	29	137
9	Harreri		3	6	17	19	2	8	28
10	Dire Dawa		4	5	38	9	2	15	36
11	Addis Ababa	10		116		869	13	97	
	Total	81	748	295	16,659	2,124	305	3,476	17,162

WOREDA BASED HEALTH SECTOR ANNUAL CORE PLAN