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MINISTRY OF HEALTH - ETHIOPIA

National Health Literacy and Health System Literacy Guideline

March, 2025



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Acronyms

CRC:	Caring Respectful Compassionate
DHIS2:	District Health Information Software2
EFDA:	Ethiopian Food and Drug Administration
EPHI:	Ethiopian Public Health Institute
FTC:	Farmers training center
HDAs:	Health Development Army
HEP:	Health Extension Program
HEWs:	Health Extension Workers
HL:	Health literacy
HSTP:	Health Sector Transformation Plan
MOE:	Ministry of Education
MOH:	Ministry of Health
NGOs:	Non-Governmental Organizations
NHPS:	National Health Promotion Strategy
PHCU:	Primary Health Care Unit
SBCC:	Social Behavior Change Communication
TOR:	Term of Reference



Acknowledgment

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This comprehensive guideline reflects the collaborative efforts and dedication of numerous individuals and organizations committed to enhancing health literacy for Ethiopian citizens and strengthening the country's health system literacy. First and foremost, we express our deepest appreciation to the leadership of the Ministry of Health for their vision, guidance, and unwavering commitment to improving health literacy and health system literacy across Ethiopia. We also extend our heartfelt thanks to all who contributed directly or indirectly to the creation of this guideline. Your collective efforts will undoubtedly leave a lasting and positive impact on health literacy in Ethiopia.

- United States Agency for International Development (**USAID**)
- **USAID** Healthy Behavior Activities/FHI-360
- World Health Organization (**WHO**)
- **USAID** Empowered Community/Project **HOPE**
- United Nations Children's Fund (**UNICEF**)
- Zeleman Communication, Advertising, and Production Agency
- Ethiopian Health Education and Promotion Professionals Association (**EHEPA**)
- **SNV**
- **USAID** Community Nutrition/FHI 360
- **USAID** Lowlands Health Activity (**LHA**)

This guideline is a testament to the power of collective action and collaboration in advancing the health and well-being of future generations in Ethiopia.



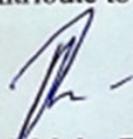
Foreword

It is with great responsibility that we present the National Health Literacy and Health System Literacy Implementation Guideline. In an era of increasing access to information, ensuring that individuals have the skills to understand and navigate health systems is essential. Health literacy and health system literacy are key components of an effective and equitable healthcare system in Ethiopia.

These guidelines provide a structured approach to improving health literacy at all levels. They serve as a resource for policymakers, healthcare professionals, educators, and individuals, supporting informed decision-making and better engagement with the healthcare system.

Improving health literacy is not just about understanding medical terminology—it is about equipping individuals with the knowledge and confidence to access healthcare services, make informed choices, and actively participate in their own health and well-being. Strengthening health literacy will help reduce barriers to care, improve health outcomes, and enhance the overall effectiveness of the healthcare system.

I extend my appreciation to all those involved in the development of these guidelines and encourage their full adoption by all stakeholders. Their successful implementation will contribute to a more informed and health-literate society.



Dr Mekdes Daba
Minster of Health

Definition of Terms

Health Literacy: Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. It includes the ability to understand instructions on prescription drug bottles, appointment slips, medical education brochures, doctor’s directions, and consent forms, and the ability to negotiate complex health care systems. Health literacy also involves the ability to understand and apply the knowledge in a way that enhances health (Healthy People 2030)¹.

Health System Literacy: Health system literacy refers to the ability of individuals to understand and navigate the broader health system, including health insurance, healthcare providers, and health facilities. It involves understanding how the healthcare system works, how to access services, and how to utilize them effectively. Health system literacy is essential for individuals to make informed decisions about their health care and to advocate for themselves within the healthcare system.

Organizational health literacy: is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Determinants of health: These are the range of personal, social, economic and environmental factors that determine the healthy life expectancy of individuals and populations. Health determinants vary for countries, regions, communities, villages, families and individuals.

Functional health literacy: concerning basic reading and writing skills needed to understand everyday health information (for example, reading prescriptions, medicine labels, instructions).

Interactive health literacy: cognitive, literacy and social skills needed to participate in different situations, obtain information through communication, and apply it to different circumstances (for example, involvement in discussions over health and treatment options with health professionals).

Critical health literacy: a more advanced level which allows individuals to analyze information critically and to take control over various determinants of health (for example, identifying health risks in the environment and taking action).

¹. *Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF. 2021. Ethiopia Mini Demographic and Health Survey 2019: Final Report. Rockville, Maryland, USA: EPHI and ICF.*

SECTION ONE :- INTRODUCTION

Ethiopia is facing challenges and a triple burden of disease because of demographic, epidemiological, technological, and socio-economic transitions, including increasing prevalence of lifestyle and environmental-related risk factors. The burden of these diseases, disabilities, and premature deaths in Ethiopia continues to be disproportionately high, and yet most of the causes are preventable through understanding the determinants of health and designing effective strategies of including health promotion and communication using effective channels of communication and messages.

In Ethiopia, studies show that health care utilization remains low. Misperceptions regarding the causes, outcomes, and remedies of diseases are some of the factors that contribute to low health seeking behavior. In addition, diverse socio-cultural beliefs and practices also greatly influence decisions regarding health facilities use. The low health and health system literacy, where the community is not fully aware of existing services and information at the different levels of the health system contributes to the low demand and utilization of health services. The HEP 2019 assessment has indicated that low awareness of communities regarding services that are already available at HPs, 41% of the community were not aware about available HEP services - indicated low health literacy.

Health care utilization remains low for example according to mini-DHS 2019 ANC, ITN use, mCPR, PNC, nutrition, health seeking for children aged five for fever, especially among rural dwellers, socioeconomically deprived communities such as pastoralist communities, and those without formal education. Misperceptions regarding the causes, outcomes, and remedies of diseases are some of the factors that contribute to low health seeking behavior. In addition, diverse socio-cultural beliefs and practices also greatly influence decisions regarding health facilities utilization.²

The HEP 2019 assessment has indicated that low awareness of communities regarding services that are already available at HPs, 41% of the community were not aware about available HEP services - indicated low health literacy. Health and health system literacy in Ethiopia presents a landscape marked by significant challenges as well as promising

². *Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF. 2021. Ethiopia Mini Demographic and Health Survey 2019: Final Report. Rockville, Maryland, USA: EPHI and ICF.*



opportunities. A considerable portion of the population, especially in rural areas, remains unaware of the health services available to them and how to access these services. This lack of awareness stems primarily from several factors: insufficient understanding of existing health resources, poor communication between healthcare providers and patients, inadequate training for providers in effective patient communication and education, and limited resources and infrastructure within health facilities. Consequently, low health literacy levels hinder patient engagement and are further exacerbated by cultural practices and beliefs that discourage seeking care or following medical advice.

Effective communication between healthcare providers and patients is often obstructed by language barriers and varying degrees of literacy. Furthermore, patient education materials are frequently unavailable or inaccessible in local languages, complicating the situation even further.

This widespread gap in health literacy contributes to significant difficulties in effectively navigating the healthcare system. The existing health infrastructure, primarily organized around Primary Health Care Units (PHCUs), often suffers from insufficient resources and support. Although referral systems exist, their effectiveness is diminished by a lack of understanding and utilization within the community.

Addressing these challenges is crucial for enhancing health literacy and health system literacy through promoting equitable access, improving communication, providing training to health care providers, ensuring educational materials are culturally appropriate and linguistically accessible to healthcare services to empower individuals to better navigate the healthcare system and make well-informed decisions about their health.



1.1. Rationale

Developing a health and health system literacy guideline is essential to bridge the existing knowledge and communication gaps that hinder effective healthcare delivery and to empower individuals and communities with the knowledge and skills needed to effectively navigate the healthcare system. Many healthcare providers face challenges in effectively communicating with patients due to varying literacy levels, language barriers, and cultural differences. These communication issues often lead to misunderstandings, non-adherence to medical advice, and poor health outcomes. By developing a guideline, health educators and providers can be equipped with standardized, clear, and culturally appropriate strategies to enhance patient education and engagement. This, in turn, ensures that patients are better informed, more proactive in their health management, and more likely to comply with medical recommendations, ultimately leading to improved public health outcomes.

The following rationale outlines the key reasons for prioritizing health literacy initiatives and developing a standardized guide for stakeholders.

- **Standardized Guidelines:** There is a need for a comprehensive and standardized guide that provides clear guidance and recommendations for policymakers and implementers on health and health system literacy.
- **Create consistent Approaches:** Current practices in promoting health literacy often vary widely, leading to inconsistent outcomes and limited impact.
- **Empower individuals:** By equipping individuals with the knowledge and skills to make informed health decisions, health literacy can significantly improve overall health outcomes.
- **Reducing health disparities:** A well-designed guide can help address health disparities by ensuring that all individuals, regardless of their socioeconomic status or cultural background, have equal access to health information and resources.
- **Reduced health care Costs:** Health literacy can help reduce healthcare costs by decreasing unnecessary emergency room visits, hospitalizations, and medication errors.
- **Improving Patient-Provider Communication:** A guide can promote effective communication between patients and healthcare providers, leading to better understanding, adherence to treatment plans, and reduced medical errors.
- **Guidance available:** The guide can provide clear guidance on key principles, strategies, and best practices for promoting health literacy.



1.2. Purpose

The health literacy and health system literacy guide aims to empower health and non-health actors across all levels and sectors to design, implement, monitor, and evaluate strategic health literacy and health system interventions effectively. By equipping individuals, communities and organizations with the knowledge and skills necessary to navigate the healthcare system, the guideline addresses communication gaps, enhances patient education and engagement, and ensures that health information is accessible, understandable, and culturally appropriate. Additionally, it supports healthcare providers in delivering consistent and effective health messages, ultimately contributing to improved public health outcomes.

1.3. Scope

The scope of health and health system literacy guideline is intended to equip healthcare providers with the essential knowledge and skills needed to effectively implement health and health system literacy interventions. This guideline serves as a valuable resource for health educators, healthcare professionals, policymakers, researchers, generally for health care practitioners and anyone committed to promoting health and health system literacy and enhancing health outcomes. It provides clear guidance for implementing health & health system literacy initiatives across various levels and sectors, ultimately fostering better health and well-being within communities.

Moreover, these guidelines encompass several key dimensions, such as empowering individuals to navigate healthcare systems and services, enhancing their understanding of health information, and promoting effective communication with healthcare providers. It also addresses social determinants of health and advocates for cultural competence, ensuring inclusivity and accessibility for everyone. By fostering community engagement and collaboration among stakeholders, the guidelines strengthen collective efforts to improve health literacy.



1.4. Guiding principles

Health literacy and health system literacy are essential for creating a comprehensive guide that effectively educates individuals about health-related matters and empowers them to navigate the health care systems. Guiding principles for effective HL and health system literacy intervention includes the following:

- **Accessibility:** Ensure that health information and resources are easily accessible to individuals of diverse backgrounds, including those with varying levels of literacy, language proficiency, and cognitive abilities. Use plain language, visuals, and multimedia formats to enhance accessibility.
- **Empowerment:** Empower individuals to actively participate in their own healthcare by providing them with the knowledge and skills necessary to make informed decisions about their health and well-being.
- **Equity:** Promote health equity by addressing disparities in access to healthcare information and services among different population groups. Tailor health literacy interventions to meet the specific needs of marginalized and underserved communities including persons with disabilities.
- **Collaboration:** Foster collaboration among healthcare providers, educators, community organizations, and other stakeholders to improve health literacy and health system literacy at both the individual and systemic levels.
- **Contextualization:** Recognize the influence of social, cultural, economic, and environmental factors on health beliefs, behaviors, and outcomes. Provide health information within the context of individuals' lived experiences and cultural backgrounds to enhance relevance and effectiveness.
- **Continuity:** Promote continuity of care by ensuring that individuals have access to consistent and reliable health information across different points of contact within the healthcare system, including primary care providers, specialists, hospitals, and community-based organizations.



- **Evaluation:** Regularly evaluate the effectiveness of health literacy interventions and resources through feedback mechanisms, user testing, and outcome assessments. Use data-driven insights to refine and improve educational materials and strategies over time.
- **Respect:** Treat individuals with respect, dignity, and empathy throughout the process of health education and communication. Acknowledge their autonomy, preferences, and values, and foster a supportive and non-judgmental environment for learning and decision-making.
- **Continuous learning and adaptive management:** Promote a culture of lifelong learning and continuous health literacy improvement among individuals of all ages. Encourage curiosity, critical thinking, and proactive engagement with health information to empower individuals to adapt to evolving healthcare needs and challenges.



Section Two:- Health Literacy and health system literacy Strategy

2.1. Approaches

- 1. Tailored Education Programs:** - Develop and implement targeted education programs that address the specific needs of different demographic groups, including adults, and the elderly. Programs should consider individual literacy levels, cultural beliefs, and language preferences.
- 2. Clear and Accessible Communication:** - Use plain language and avoid medical jargon when communicating health information. This can enhance understanding and retention among patients and community members. Visual aids, infographics, and multimedia tools can also help communicate complex information more effectively.
- 3. Community Engagement:** - Involve community leaders and organizations to promote health literacy initiatives. Community health workers can play a crucial role in disseminating information and educating the public about available health services.
- 4. Utilization of Technology:** - Leverage technology, such as mobile apps, telehealth services, and online platforms, to provide easy access to health information. Ensure that these resources are user-friendly and available in local languages.
- 5. Patient-Centered Communication Training:** - Train healthcare providers in effective communication techniques, including active listening and empathy. This training should emphasize the importance of adapting communication styles to meet the needs of diverse patients.
- 6. Accessible Educational Materials:** - Create and distribute patient education materials that are culturally relevant, visually appealing, and available in local languages. Ensure that materials cater to various literacy levels and are easily accessible in healthcare settings.



7. **Integration of Health Literacy into Healthcare Practices:** - Embed health literacy principles into routine healthcare practices, such as onboarding new patients or during check-ups. Regularly assess patients' understanding and provide support as needed.
8. **Policy Advocacy:** - Advocate for policies that support health literacy initiatives at local, regional, and national levels, including funding for health education programs and community outreach efforts.

2.2. Personal level Health Literacy and its Approaches

The degree to which individuals could access, understand, and use information and services to inform health-related decisions and actions for themselves and others. Health literacy represents the personal knowledge and competencies that accumulate through daily activities, social interactions and across generations.³

Health Literacy can be functional, interactive, and critical health literacy. Functional health literacy involves basic skills in reading and understanding health information, such as interpreting prescription labels or medical instructions. Interactive health literacy focuses on more advanced skills, allowing individuals to actively engage with healthcare providers, ask questions, and apply information to make informed decisions about their health. Critical health literacy empowers individuals to critically evaluate health information, challenge misinformation, and make complex decisions that impact long-term health outcomes and community well-being.⁴

People who have higher levels of health literacy have better health outcomes because they know where to go, they join screening programmes, they know when to act in a timely manner.

Considering the following health literacy tips for any health literacy strategies in interpersonal communications and confirms understanding at all points of contact.

³. *Health literacy facts, 2024, WHO*

⁴. *Nutbeam D.. Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century, Health Promotion International, 2000, vol. 15 (pg. 259-267)10.1093/heapro/15.3.259.*



- Make the Culture, language, the situation, and level of understanding of the target audiences at the center of information content across all messages and materials.
- Communicate in ways people can understand and on the health knowledge and skills of individuals and the public to make informed health decisions.
- Across all message and materials make sure that: Communicate key benefit, Limit the number of messages, use plain language, Practice respect, focus on behavior, supplement with pictures and use a medically trained interpreter or translator
- Provides easy access to health information and services and navigation assistance.
- Provide readily available and easily identifiable trusted health information in ways that people can understand can improve health literacy and can help patients understand how to navigate a complex health system.
- Communicates clearly what health plans cover and what individuals will have to pay for services
- Designs and distributes print, audio-visual, and social media content that is easy to understand and act on.
- Meets the needs of populations with a range of health literacy skills while avoiding stigmatization.
- Addresses health literacy in high-risk situations, including care transitions and communications about medicines.
- Offering usable health information and providing a route to contact healthcare services.
- Adopt SBC Message development process before information sharing
- Based on individual knowledge, attitude, skill, motivation, social support and sociocultural condition the following personal level approaches are helpful to improve personal health literacy:
 1. Social and behavior change interventions
 2. Developing health literacy early in life by promoting school health

2.3. Organizational level Health literacy

Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.⁵ Health literacy requires combined action from individuals, healthcare providers and healthcare systems. Health is created

⁵. U.S. Department of Health and Human Services. *History of Health Literacy Definitions*. 2020



and lived by people within the settings of their everyday life; where they learn, work, and play.⁶

The organizational health literacy concept advocates for a universal precautions approach, offering healthcare services in a way that assumes all patients may have low health literacy and therefore structuring services in ways that reduce complexity and barriers to access for all.⁷

2.3.1. Organizational/Professional health literacy techniques

Appropriate training for healthcare professionals should be a priority in the deployment of health literacy strategies in the healthcare sector. Some of the organizational health literacy techniques are:

- 1. Teach- back method is a technique for health care providers to ensure that they have explained medical information clearly so that patients and their families understand what is communicated to them.**
 - Use teaches-back for ALL patients.
 - Start with the most important message.
 - Limit to 2-4 key points.
 - Use plain language.

Teach back check for understanding and correct misunderstandings in a variety of health care settings, including during the informed consent process. Teach back technique include:

- Consistently avoids using medical “jargon” in oral and written communication with patients, and defines
- Unavoidable jargon in lay terms
- Consistently elicits questions from patients through a “patient-centered” approach (e.g., “what questions do
- You have?”, rather than “do you have any questions?”)

⁶. *The Ottawa Charter for Health Promotion is the name of an international agreement signed at the First International Conference on Health Promotion, organized by the WHO and held in Ottawa, Canada, in November 1986.*

⁴. *DeWalt DA, Callahan LF, Hawk VH, Broucksou KA, Hink A, Rudd R, Brach C. Health literacy universal precautions toolkit. Rockville, MD: Agency for Healthcare Research and Quality; 2010.*



- Consistently uses a “universal precautions” approach to oral and written communication with patients
- Routinely recommends the use of professional medical interpreter services for patients whose preferred
- Consistently negotiates a mutual agenda with patients at the outset of encounters

2. Organization health literacy self-assessment

Self-assessment is a diagnosis to ascertain the organizational health literacy, thereby providing selection and implementation of targeted and contextualized OHL interventions at specific health organizations.

The steps outlined below are to be followed during the organizational health literacy self-assessment:

Step 1: Define the scope of the self-assessment

- Based on the size of the user population and the organization staff size, the assignment of the coordinating team can be done either for the entire organization or for a department or smaller organizational unit. The following are recommendations:
 - *General and teaching Hospital: each unit has their own coordinating team and the leader will be the CEO of the organization.*
 - *District hospital, Health center: each unite have one representative*
 - *Health post: HEWs, VHL and HEWs supervisor*
- Deciding the importance of standards for their organization and deciding whether the self-assessment should be carried out for all eight standards or just for a selection of standards that are particularly important for the organizational unit.

Step 2: Management must appoint a person to coordinate and team members for the self-assessment

- Based on the service users and staff size, the management decides the number of coordinating teams.
- The recommended coordinator for the assessment is the head of the organization, otherwise she/he must have the following:
 - *good reputation both at the management level and among the employees,*
 - *good coordination skills, and*



- *be committed and allocated the necessary time*
- *have strong commitment on the health service quality, client right and has strong stand to healthy community*

Step 3: Formation of the assessment coordinating team

The assessment team should consist of between 4 and 10 people. Ideally, people from the following areas should be involved:

- Quality management
- Health education and promotion/Health literacy unit lead
- Human resource development
- Pharmacist, OPD, IP, emergency, RMNCH provider, support staff
- Preferably from different departments: patient-ombudsman/woman, self-help and patient representatives.
- PR/Communications/spokesperson

Step 4: Conduct Individual assessments

- Each team member first makes an individual assessment using the tool.
- He/she reviews each indicator from a personal perspective.
- The whole assessment of the hospital /health center/health post unit of a hospital takes about three hours per person.
- Ideally the individual assessments of all team members are captured in one table (excel-sheet), so they are easily compared and discussed in the following team meeting.

Step 5: Collecting documents if possible

- To assess some of the indicators (indicated with *), the team will need to collect supporting materials/documents which support their assessment from organization staff.
- This step should be seen as a supplement to step 4 and should take place at the same time.

Step 6: conduct a joint assessment (using WHO OHL assessment checklist)

After different individual assessments are brought together in a team meeting, the assessment coordinator facilitates the joint assessment. Experience has shown that this takes about three hours.

The following are recommendation for discussion:

- Identify the sub standards indicators that have similar individual assessment responses and exclude from the discussion
- For the indicators which have different individual assessment responses should be flagged for discussion and clarify the underlying reasons.
- Different assessments can often be attributed either to different perspectives based on the views of different professional groups or different organizational units.
- Document any major variation in the comment fields, based on occupation, position or organizational unit perspectives - this information will be helpful for later planning of improvement measures.

Step 7: Selection and implementation of improvement measures

- The joint assessment should produce the strength and weaknesses concerning organizational health literacy of the institution or of the specific unit.
- Using the Deming or Quality Circle (Plan - Do - Check - Act).

Step 8: Plan:

- Based on the assessment result, setting the goal, identify the target, responsible body and methods of reaching the goal.



Section Three: Key Intervention Areas

Improving health literacy and health system literacy in Ethiopia requires a multifaceted approach that includes educational interventions, infrastructure development, and community engagement. By addressing these areas, Ethiopia can enhance its public health outcomes and ensure more equitable access to health services.

To ensure equitable access to healthcare, there are five challenges which can be taken into account: access to valid health information, access to appropriate care, communication between individuals, health professionals and health authorities, shared decision-making regarding treatments and care and access to digital spaces to understand and use health services.

Improving the health literacy of both people and systems strengthens the equity of opportunities in accessing healthcare. Vulnerability in terms of these challenges is determined and impacted by people's competencies and needs as well as the organization of health services. This guide aims to address these five challenges.

3.1. Ensure access to valid health information:

Ensure health communications quality standards for health service towards improving access, understanding, appraisal and utilization of health information. Assessing the credibility of health information is a major challenge. Health literacy and clear communications from trusted sources support access to valid information.

Actions:

Available information should be shared by trusted sources. Access to valid health information supports the ability of individuals to seek and develop a comprehensive understanding of their health. Abilities to assess the validity of health-related information can be developed from a young age through the school curriculum. Health literacy school education contributes to narrowing the disparities.

Health communication quality standard refers to minimum activities required to conduct health literacy intervention at all health service delivery outlets. The standard will be guided by a national health promotion strategic plan that will lead to empowerment of clients. Set communication quality standard includes the following key activities:



3.1.1. Review existing service standards in different service points

The target of this activity is identifying and reviewing health literacy standards at service outlets in both the private and public sector. It aims to improve a client's access to information needed to increase his/her health literacy. The service points will include health centers, health posts, clinics, hospitals, laboratories, pharmacies in private, NGOs, and public sectors. The review process will include tools development, exhaustive assessment and integration of new health literacy principles, concepts and application systems. Key materials that will be considered for assessment are medical prescriptions, patient care, patient flow, laboratory standards, patient referral network and protocol, pharmacy standards, minimum package of services.

3.1.2. Set/Define Health Literacy Standards in the Health Care

In a situation where there is no health literacy service standard, new health literacy standards will be set for all health service outlets. The standards will be utilized by health care providers, pharmacists, laboratory technicians/technologists, health educators and others who engage in health literacy interventions. The quality standard of the HL will include readability, local language use, clear targeting, text load, cultural sensitivity, language non-technical jargons, call for action, cater heart and mind, convey message, empower the clients, and others.

- secures information access to people with differing needs, such as those with learning disabilities or hearing and seeing impairment
- easily available health information in all relevant languages, through different channels and in different formats (design and distribute print, audio-visual, and social media content that is easy to understand and act on)
- information that is easy to understand, culturally sensitive and empathetic, by using different communication strategies
- updated and valid health information from trusted sources
- information that is relevant and adaptable to the daily lives of individuals with differing needs
- build communities' skills to negotiate their health needs or treatment with the Health service provider.



Table1: Source of health information in the health service provision:

No.	Source of Health information	Health care points				
		Hospital (Public and Private)	Health center	Private Clinic	Health Post	Household and communities
1	Information Desk	√	√	√		
2	Different print and Audio-visual materials	√	√	√	√	
3	Official Website	√				
4	Official social media	√	√	√		
5	Official Directory	√	√			
6	Citizen Charter	√	√	√	√	
7	Health care providers through re-orient, behavioral economics	√	√	√		
8	Open house visit		√	√	√	
9	Health extension workers				√	
10	Frontline health workers (HEWs, CVHL)					√
11	Family Health Guide				√	√
12	Health literacy intervention tools				√	√
13	Farmers training center (FTC), School and town hall meeting					√
14	WDG network eg.1 to 5 meeting, house to house visit, pregnant mothers conference, community conferences					√
15	Community gathering events					√



3.2. Create Health System Literacy Conscious Health System/Reorient health institutions and services

Improving individuals' health literacy involves enhancing their ability to find and understand the healthcare services they need, and promoting responsible help-seeking behaviors, such as knowing when and how to access appropriate care and make informed health decisions. Reorient health institutions and services to be health literacy friendly/health systems have a responsibility to develop appropriate care which is made easily available. Reorient health institutions and services is a process that emphasizes shifting focus from disease-centric care to a more holistic, preventive, and community-based approach. Key aspects include:

- **Primary Health Care Emphasis:** Strengthening PHC to provide accessible, equitable, and comprehensive care.
- **Integrated Services:** Promoting the integration of health services across various levels of care and sectors, including public health, social services, and community organizations.
- **Preventive and Health Promotion Strategies:** Increasing focus on prevention, early detection, and health promotion rather than solely treating illness.
- **Patient-Centered Care:** Enhancing patient engagement and ensuring care is responsive to the preferences, needs, and values of individuals.
- **Workforce Development:** Train health professionals in interdisciplinary and community-based care approaches communication capacity building through providers behavior change.
- **Health Information Systems:** Improving health data collection, management, and utilization to inform policy and practice.
- **Equity and Access:** Ensuring all population groups, particularly the underserved, have access to quality health services.
- **Policy and Governance:** Implementing policies that support these changes, including financing mechanisms and regulatory frameworks.



Table 2: Health Literacy Standards at each service point/Reorient health institutions and services

Health Service Points	Health Literacy standard at each service point in health care setting/ Reorient health institutions and services to be health literacy friendly
Information Desk	<ul style="list-style-type: none"> - Welcoming word (use of local language and respect of culture) - Information provision - Provide clear information on the service point and where patients to go - Nudging services such as free weighing-scale
Record Office	<ul style="list-style-type: none"> - Welcoming word - Information provision on Patient ID card - Provide clear information on the service point and where patients to go - liaisons will identify or segregate cases accordingly with the disease status and link them with runners - Runner should escort and guide the patient - Access to own health data
Outpatients Department (OPD)	<ul style="list-style-type: none"> - Apply clinical communication skills - Use welcoming word /Greeting - Polite speaking and active listening - Ask and understand client's concern - Communicate respectfully - Confirm if the patient understood your recommendation - Avoid using technical jargons - Bear in mind that some level of knowledge will be respected - Tell your client why you are taking all diagnosis and insure their consent - Tell your client about the disease causation and prevention by using plain language - Link the client to further information and additional service - Use different job aids which can facilitate your conversation with your client - Provide clear and detail information for admitted patients, referral and repeated cases - Promote informed decision

Health Service Points	Health Literacy standard at each service point in health care setting/ Reorient health institutions and services to be health literacy friendly
Laboratory	<ul style="list-style-type: none"> - Use welcoming word /Greeting - Polite speaking and active listening - Ask and understand clients' concern - Communicate respectfully - Avoid using technical jargons - Explain politely to the client what, why, where you are taking the samples - Tell the client how long the examination takes - Properly refer the client to those lab exams which are not available
Pharmacy	<ul style="list-style-type: none"> - Use welcoming word /Greeting - Polite speaking and active listening - Ask and understand client's concern - Communicate respectfully - Avoid using technical jargons - Explain politely to the client how, when to take the medicine and anticipated side effect and how to manage the side effects
Inpatient	<ul style="list-style-type: none"> - Use welcoming word /Greeting - Polite speaking and active listening - Ask and understand client's concern - Communicate respectfully - Avoid using technical jargons - Provide information about different services which avail in the inpatient ward - Properly tell the patient all producer and length of stay - Update every time the patient on prognoses of his condition - Provide information for the inpatient and caregivers on infection prevention and patient safety - Council the patient and his caregiver about his future prevention before discharge - Motivated, competent and compassionate (MCC)



Health Service Points	Health Literacy standard at each service point in health care setting/ Reorient health institutions and services to be health literacy friendly
Management Team	<ul style="list-style-type: none"> - Ensure that all information and services available in accessible and understandable way - Identify and post both payable and free services at pharmacy and laboratory - Make sure that proper information is provided in waiting areas - Ensure that all the job aids and protocols are adhered - Ensure patient satisfaction on health information provision in the health facility - Make sure the health facility premises/environment informative, attractive and welcoming
HEWs	<ul style="list-style-type: none"> - Use welcoming word /Greeting - Polite speaking and active listening - Ask and understand client’s concern - Communicate respectfully - Conduct discussion at health post and during household visit using family health guide and health literacy tools/job aids - Request clients respectfully to reflect on what is communicated (teach-back) on their own language or re-demonstrate skills.
Frontline Health Workers (WDGs, VHLs, ...	<ul style="list-style-type: none"> - Use welcoming word /Greeting - Polite speaking and active listening - Ask and understand Women Development Groups (WDGs) members’ concern/ participants - Communicate respectfully - Conduct discussion using family health guide

3.3. Enhance communication

Setting standards and protocols for health communication and building institutional culture. The lack of adequate communication between patients and health professionals may hamper patient-centered care and shared decision-making. This requires attention to promoting understandable two-way health dialogue and efforts by health professionals and health authorities to find better ways to reach all people.



Actions:

Clear communication is the basis for people to understand and act on health information. Regardless of the level of health literacy, it is important that the staff ensure that patients understand the information they have been given.

For communication to be effective and appropriate between individuals, health professionals and health authorities, people need sufficient knowledge about their health conditions and the ability to link information to their daily lives.

Health systems should ensure that their communication is clear and transparent, meeting the needs of different people, including those with cognitive impairments or language difficulties.

- adapt transparent and open ways of communicating, also on uncertainties related to health risks;
- create spaces for communication that consider the special communication needs and cultural background of patients, providing professional translators or consider using cultural mediators if needed;
- develop the availability of digital eHealth sites and services for people with different communication needs, and to complement face-to-face appointments;
- avoid medical jargon and difficult words (shared language) in their communications;
- offer training for health professionals about multiple channels (addressing targets' concern) ways of communicating with patients with or without complex communication needs and their caregivers, and to communicate in digital environments in a way that supports shared decision-making.

Health Literacy Conscious Health Workforce:

Health literacy is creating job opportunities and requirements to enhance the workforce with the development of health literacy as a professional skill. Considering the general growth in health literacy research and policymaking, health literacy is becoming a skill and competency demanded by health authorities and systems. This requires the inclusion of health literacy in the educational curricula of higher education and post-graduate training within a wide range of disciplines. In practice, this means attention to the knowledge, skills, and attitudes of health professionals, especially when dealing with people in vul-



nerable situations and those with limited levels of health literacy. In this regard, sensitivity towards culturally different people and groups in society is important.

As the health literacy intervention will be mainstreamed and institutionalized in different sectoral work streams, providing tailored technical capacity on health literacy will be very important. The stakeholders for this activity may include health professionals, training institutions, media institutions/advertising agencies, health commodities producing companies, food, beverage, cosmetics domestic manufacturers and importers.

The key activities include:

- develop need assessment tools for each category of stakeholders
- conduct need assessment for each stakeholder on health literacy
- based on the identified needs, develop health literacy package for each stakeholder
- provide training/orientation on the health literacy packages?
- follow up and monitoring for the implementation

3.4. Shared Decision-Making Regarding Treatments and Care:

Hierarchical health systems and barriers to active participation of clients and health providers may hamper shared decision-making. Health literacy facilitates active participation, negotiation on different treatment options and knowledge to make decisions with informed consent.

Actions:

Health literacy empowers people to genuinely participate in shared decision making. Health systems have the responsibility to secure opportunities for shared decision-making by adapting their procedures to the needs of individuals, to give them a voice, to acknowledge their social situations, and to collaborate with them equally. In this connection, the use of intercultural mediators in health could help to bridge socio-cultural gaps, to build trust in health care providers, and to facilitate shared decision-making relationships.

- provide sufficient amounts of information for patients, in needed formats;
- facilitate patient's reflective thinking and question-making;
- value patients (their knowledge, experiences etc.);
- be aware of patient diversity and their unique needs.
- communicate clearly what health plans cover and what individuals will have to pay for services.
- integrate health literacy into planning, evaluation measures, patient safety, and quality improvement.



- integrate health literacy with patient centered care (self-support group).

3.4.1. Engage Different Actors through Intersectoral Collaboration

This aims at creating national synergy and collaboration in health literacy intervention for optimal health outcomes. The collaborative platforms will not be limited to national level but also acts at all levels and with all stakeholders both in public and private sectors. Some of the possible stakeholders would be community-based organizations, media agencies, faith-based organizations, private health facilities, business community, academic community, private agencies (promotion agencies), health professional association, and government agencies.

3.4.2. Mobilizing Health Literacy Communities and ‘Champions’

Fostering health literacy communities is a key component in the promotion of health equity. This is because health literacy is highly cross-sectoral and inter-disciplinary. Increased collaboration across sectors and disciplines can enhance the knowledge transfer and outcome of health literacy partnerships and programs. Formal and informal interest groups, coalitions, alliances, networks, platforms as well as institutes, organizations, and associations help to discuss, assess and strengthen health literacy capacities at various levels in society.

To implement health literacy, change-agents are needed to develop and drive impact. These change-agents, often called ‘health literacy champions’, may come from policy, academia, practice or civic society. The presence of advocates for organizational change is critical; however, their impact depends highly on support from leadership. A management structure and culture that supports health literacy innovation and quality improvement is essential for a successful implementation.

3.4.3. Establish Collaboration Platform to Integrate HL Intervention within their sector.

This entails the process of engaging existing and newly established platforms on health literacy to implement health literacy intervention as per the required quality standards. The platform refers to HL related working groups, task forces, committees, and forums. However, for stakeholders not engaged on such a platform establishing a new one will be one of the activities of this guide. The process of establishment includes identifying potential stakeholders, preparation of TOR, holding meetings, establishing leadership and



coordinating bodies, and having work plans and monitoring mechanisms. This enables the platform to engage in the required form.

3.4.4. Inform and advocate the formulation and enforcement of comprehensive legislative framework to support the realization of health literacy in the country

At all levels, greater efforts are needed to promote a culture of health literacy in order to foster equitable access to healthcare for all, including people in vulnerable situations. In practice, this means the development of public policy at the local, regional, national and international levels. This also requires cross-sectoral collaboration with other stakeholders and capacity building in health authorities and systems to strengthen the capacity and skills of the workforce to create a health literacy responsive system.

Health literacy responsiveness refers to the extent to which health workers, services, systems, organizations and policy-makers (across government sectors and through cross-sectoral public policies) recognize and accommodate diverse traditions and health literacy strengths, needs and preferences to create enabling environments that optimize equitable access to and engagement with health information and services, and support for the health and well-being of individuals, families, groups and communities.

3.4.5. Review existing regulatory quality standards against health literacy quality standards

The regulatory quality standards to be reviewed includes standards that are put in place by appropriate regulatory agencies such as Ethiopian Food and Drug Administration (EFDA), Ethiopian Standards Agency, Ethiopian National Accreditation Office, and other agencies or companies that provide services and products that may have risks to human health.

The review will assess the availability of regulations and if regulations are available, will check if they address health literacy issues in ways that the information accessible, understandable and informs individuals for healthy actions.

The key activities include:

- Develop tools to evaluate the existing standards for the content of health literacy against the health literacy standards

- Collect existing regulatory standard documents available in the country
- Evaluate the regulatory standards against the health literacy tools
- Identify health literacy issues which needs regulatory standard on health literacy standards
- Share the findings with recommendation with appropriate stakeholders

The assessment tools for the regulation may include whether the regulation prescribes the product or the service to have message/information that is accessible, understandable and inducing to action with the following specific issues:

- Language: the service/product should use local language
- Visibility: should be adequately visible to read
- Accessibility: the information should be accessible to the users
- Attractiveness: the information on the service/product should be adequately attractive to read

3.4.6. Advocate for revision/ formulation of existing regulation to meet health literacy.

Based on the findings of assessment, identified gaps will be advocated for revision or formulation of regulatory standards. This may require continued engagement and dialogue with policy makers and regulatory bodies.

3.4.7. Support publicity and implementation of legislation:

The new/revised regulatory standards will be publicized to the general public and stakeholders using appropriate media.

3.4.8. Follow-up implementation of new or revised regulatory standards and provide feedback for improvement as required.

3.4.9. Strengthen capacity of key stakeholders on health literacy

Health literacy authorities and systems become more ‘people-centered’ when they integrate health literacy as a cross-cutting and transversal value and strategy in all parts of their work.



3.5. Facilitate Access to Digital Spaces to Understand and Use Health Services:

Despite progress in the global digital transformation of health and health care, there remain disparities in skills and resources when accessing online health systems. Overcoming these disparities requires efforts to ensure access for all to the equipment needed and the acquisition of skills to use online sites and services. Digital health communication and health care services should be easy to use and adapted to individual needs.

Actions:

The development of digital health services and tools, and individuals' competencies to access and to use them, have the potential to increase equity in accessing health care of appropriate quality and to decrease health disparities.

- offer support to use information technologies;
- develop digital health communications and health system services (sites and applications) that are easy to use and adaptable for individuals with different needs;
- develop health system providers' competencies in using online health services;
- develop health system providers' competencies that are sensitive to the different needs of individuals who are using digital technologies and services, for example digital health service-related mediators who help communities as well as people in vulnerable situations.

3.5.1. Assess existing pre- and in-service training curriculum:

This activity aims to identify gaps in the human resource (health service providers) development activities of the country. The assessment will focus on identifying gaps in the two main elements – pre-service curriculum and in-service training materials. The assessment will be based on service standards developed under SO1. Gaps identified will guide entry points to make appropriate revisions for both pre and in-service training programs. In addition, this assessment will also assess if all relevant health professionals and service providers receive in-service training to enhance their skill.

3.5.2. Integrate HL in higher education curriculum:

Based on the assessment findings of the curriculum currently in use, MOH will be working closely with higher educational institutions and MOE to integrate health literacy within the curriculum. This effort will target all universities, regional health colleges and TVETs

that are responsible to produce different health professionals and service providers. This will produce health professionals and service providers who are equipped with competencies (skills, knowledge and attitude) required to overcome barriers to health literacy.

3.5.3. Train higher educational institution instructors:

Following the integration of HL in higher education curriculum, a training program will be organized targeting instructors who will be responsible to deliver the course. In addition to acquainting trainees to contents related to HL, this will be used as an opportunity to promote the contribution of HL towards improving national health status of citizens.

3.5.4. Integration of health literacy in training materials developed for in-service training:

There are various in-service trainings provided to health workers and HEWs within the health system. Based on the gaps identified in the initial assessment and the health literacy related competencies defined during the service standardization exercise (SO1), HL will be integrated to the existing in-service training materials. This integration effort will contribute towards enhancing the capacity of health workers already deployed thereby contributing towards performance improvement as it relates to health literacy. Subject to findings of the assessment, the ministry will also engage in an endeavor to develop new in-service training materials for health professionals and service providers for whom a capacity building program has not been put in place.

3.5.5: Training for in-service health professionals:

Following the integration of HL in the training materials developed to improve performance of health professionals; MOH will train health professionals and service providers with the aim to impart the desired competencies. This may be delivered through a specialized training or the regular refresher training programs organized by the ministry.

3.5.6. Assess existing work tools/job aids:

Integrating change into organizations operational standards and other job aids is another key dimension of the effort to institutionalize HL in the health system. Accordingly, various job aids (operating standards, protocols, SBCC materials and job aids...) will be assessed to identify gaps that create barriers to client's access, understand and analyze information needed to make informed choices.



3.5.7. Revision/Integration of HL in all client-provider communication guides/protocols and job aids:

This revision/integration effort will be based on the findings of the assessment of existing tools/job aids. The revision will address the four important elements (access, analyze, understand, make informed decisions) that are key to empower citizens. Accordingly, the revision shall address barriers to access information through alternative channels that cater to the needs of diverse socio-cultural groups and clients with special needs. In addition, the operation standards and protocols will be revised to ensure communication through the alternative channels facilitate understanding and analysis of health information thereby supporting the client’s effort to make decision/action.

Ensure communication guidelines for clear health information. It may be difficult, however, to regulate every aspect of the digital landscape, so another approach consists in setting standards and principles for clear communication across different formats or media (social media, print media and mass media).

Section IV:- Roles and Responsibilities of Stakeholders

4.1. Role of the Health Sector

Each health sector division will play a leadership role in coordinating partners to strengthen capacity and drive for coordinated health literacy intervention.

S/N	Level	Roles of the Health Sector
1	Ministry of Health (MOH)	<ul style="list-style-type: none"> ▪ Conducts health literacy research and need assessment at each level. ▪ Initiate and lead establishment of stakeholders’ platform on HL at all levels. ▪ Coordinate stakeholders working modality for national HL. ▪ Facilitate development of directives and facilitate production of guides, standards and manuals. ▪ Provide orientation on guides, standards and manuals. ▪ Organize periodic consultative meetings. ▪ Enforce on implementation of standards and guidelines. ▪ Introduce new technologies, approaches and share best practices of HL. ▪ Support implementation of the interventions. ▪ Follow up the implementation process and seek updates from stakeholders. ▪ Provide updates to platforms at national level. ▪ Foster HL implementation within the health system.
2	Regional Health Bureaus	<ul style="list-style-type: none"> ▪ Conducts health literacy research and need assessment at each level. ▪ Initiate and lead establishment of stakeholders’ platform on HL at all levels. ▪ Coordinate stakeholders working modality for regional HL. ▪ Provide orientation on guides, standards and manuals on HL ▪ Organize periodic consultative meetings. ▪ Enforce on implementation of standards and guidelines. ▪ Introduce new technologies, approaches and share best practices on HL.



S/N	Level	Roles of the Health Sector
		<ul style="list-style-type: none"> ▪ Support implementation of the interventions. ▪ Follow up the implementation process and seek update from stakeholders. ▪ Provide update on platforms performance for national level. ▪ Foster HL implementation within the health system.
4	Zonal/ Woreda Health Department/ Offices	<ul style="list-style-type: none"> ▪ Conducts health literacy need assessment ▪ Initiate and lead establishment of stakeholders’ platform on HL ▪ Provide orientation on guides, standards and manuals. ▪ Organize periodic consultative meetings. ▪ Implement standards and guidelines. ▪ Follow up the implementation process and seek updates from stakeholders. ▪ Provide update about established platforms performances for regions ▪ Foster HL implementation within the health system.
4	Health Facilities	<ul style="list-style-type: none"> ▪ Health facilities includes both public and private hospitals and clinic ▪ Conducts need assessment on HL at their respective facility. ▪ Participate in health literacy forums/platforms established at their respective level. ▪ Ensure adoption and implementation of health literacy standards, protocols and procedures. ▪ Use alternative health literacy information sources (websites, audio visuals, print materials, social media, sign posts etc.) to maximize information sources for clients of the HF. ▪ Ensure that all staff in the health facility provides required information, direction and support to clients with respect. ▪ Ensure regular updates of health information at health facilities. ▪ Follow up the implementation process and seek periodic reports. ▪ Provide update to platforms on each respective level

S/N	Level	Roles of the Health Sector
5	PHCU	<ul style="list-style-type: none"> ▪ HCs need to build their own capacity on HL and support HPs and community ▪ Give feedback to HP/HEWs after giving appropriate care and information to the referred cases ▪ Support HEWs in building their skills to assess HL level of the community ▪ Ensuring continuous delivery of appropriate Health information for the community ▪ Ensure HL implementation, coordination and monitoring ▪ Ensure that HLM and source of health information are in place at HP by strengthening HEWs capacity in how they disseminate health information ▪ Ensure quality implementation of all the Health Extension Program packages to improve HL of the community ▪ Ensure the availability and proper utilization of necessary Health information ▪ Conduct timely and regularly joint review meetings
6	Health Post	<ul style="list-style-type: none"> ▪ Ensure quality implementation of all the Health Extension Program packages to improve HL of the community; <ul style="list-style-type: none"> • Provide health promotive and health preventive information • Ensure the availability and proper utilization of necessary health promotive and health preventive information • Facilitate community level WDG discussion



4.2. Roles of different Minister office

Health literacy is not only the responsibility of the health sector; rather, it involves multiple boundaries, professions and sectors. Multiple stakeholders need to be involved for health literacy intervention.

Different minister offices are the stakeholder in HL implementation which includes Ministry of Education (MOE), The Ministry of Trade and Regional Integration (MoTRI), Ministry of Agriculture, Ministry of Water and Energy, Ministry of Innovation and Technology (MinT), Ministry of Labor and Skills and Ministry of Transport and logistics. Their role and responsibilities are:

- Conducts need assessment on HL.
- Participate in platform of HL at all level
- Adopt and enforce HL guides, standards and protocols.
- Engage in revision of HL emerging issues
- Search and introduce tools and systems for HL
- Follow up the implementation process and seek update from its sector
- Provide update to platforms at all levels

4.3. Role of different agencies

Different agencies (EFDA, EPHI, Professional Associations, Ethiopian Environment Protection Authority, Quality and Standards Authority have a great role in the effective implementation of health literacy and health system literacy in Ethiopia.

- Conducts need assessment on HL.
- Participate in the platform of HL at all levels.
- Introduce and enforce HL guides, standards and protocols in food beverage, cosmetics, drug and health service.
- Enforce the implementation of guides, standards and protocols in food beverage, cosmetics, drug and health service.
- Work with other sectors for the implementation of health literacy.
- Follow up the implementation process and seek periodic reports.
- Provide updates on platform performance at all levels.

Section V: Monitoring, Evaluation and Learning

Sources of Data: The main sources of data for monitoring and evaluation of health literacy interventions within the health system will be the existing health information management system designed by MOH. The sources will be health facilities including PHCUs and hospitals, but activity reports could also be collected from Woreda health offices, zonal health departments, regional health bureaus and agencies under MOH.

The Ministry of Health will design a system to monitor the quality of client provider interaction through facility-based exit interviews or observation studies at all levels. In addition, MOH will work with research agencies such as Ethiopian Public Health Institute and Ethiopian Central Statistics Services to integrate health literacy indicators with their periodical surveys.

Other sources could also be existing media sources such as social media, websites, telephone calls. Periodic progress reviews will also be conducted at national and regional levels with key stakeholders.

Indicators: This guide employs outcome and output level indicators. Expected results of the guide have been measured at outcome indicator level while key interventions have been measured at process level indicator.

This guideline stipulates mechanism of measuring key intervention as indicated in Table 5.1.

Table 5.1. Measurement of Key Interventions

<i>S.N</i>	<i>Key Interventions</i>	<i>Indicators</i>	<i>Means of verification</i>
5.1	Ensure access to valid health information	% of population who has access to valid health information by sex and region	Survey and reports
5.1.1	Review existing service standards in different service points	# of service standard reviews conducted	Survey and reports, admin data



S.N	Key Interventions	Indicators	Means of verification
5.1.2	Set/define health literacy standards in the health care	Proportion of health facilities who set HL standard in its health education practices by region (Standard: Implementation of facility-based health education, Availability of HL materials,	Admin data
5.2	Ensure access to appropriate care	% of health facilities that promotes culturally appropriate care and engages in community outreach service for awareness creation works by region % of health facilities with functional referral system by region	Survey, admin data
5.3	Enhance communication between individuals, health professionals, and health authorities.	% of health facilities with functional feedback mechanisms/platforms by region	Survey, admin data
5.4	Shared decision-making regarding treatments, and care	proportion of facilities that exercises shared decision-making regarding treatments and care	Survey, admin data
5.5	Facilitate access to digital spaces to understand and use health services	% of health facilities who create an access to digital space to understand and use health services by region	Survey, admin data
	Implementation of Compassionate and respectful care (CRC) services	% of health facilities/service providers providing CRC services.	Admin data
	Strengthening health facilities to be health literacy friendly	% of health institutions that implemented HL and HSL guide by region	Assessment report
	Improved accessibility of health information to all population segments	% of population with improved health information by sex and region	Surveys (DHS, and others)

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