

GAVI Alliance

Annual Progress Report 2011-12 (Year 2)

Submitted by

**The Government of
*Eritrea***

Reporting on year: **2011-2012 (Year 2)**

Requesting for support year: **2013 (Year 3)**

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

- a. Progress achieved in 2011
- b. HSS implementation during January – April 2012 (interim reporting)
- c. Plans for 2013
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities. **Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required supporting documents. These include:

- a. Minutes of all the HSCC meetings held in 2011
- b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2011 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your

country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

Please provide data sources for all data used in this report.

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in 2011

Please complete [Table 9.1.3.a](#) and [9.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of [Table 9.1.3.a](#) and [9.1.3.b](#).

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **704,580** US\$

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both \$ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	664,135	684,055	
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0	0	
Total funds received from GAVI during the calendar year (A)	0	0	0	664,135	694,250	
Remaining funds (carry over) from previous year (B)	0	0	0	0	0	
Total Funds available during the calendar year (C=A+B)	0	0	0	664,000	975,043	
Total expenditure during the calendar year (D)	0	0	0	383,206	308,957	
Balance carried forward to next calendar year (E=C-D)	0	0	0	280,794	666,086	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						704,580

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	9,962,025	10,260,825	
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0	0	
Total funds received from GAVI during the calendar year (A)	0	0	0	9,962,025	10,413,750	
Remaining funds (carry over) from previous year (B)	0	0	0	0	0	
Total Funds available during the calendar year (C=A+B)	0	0	0	9,962,025	4,211,900	
Total expenditure during the calendar year (D)	0	0	0	5,748,100	14,625,650	
Balance carried forward to next calendar year (E=C-D)	0	0	0	4,211,899	4,634,362	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						10,568,700

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 9.3.c](#) below the exchange rate used for each calendar year at opening and closing.

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	0	0	0	15	15	15
Closing on 31 December	0	0	0	15	15	15

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

Based on GAVI's approval to the financial request by the HSCC, funds will directly be transferred to the country, at National Bank of Eritrea and transferred to grant account opened at the Bank for foreign currency and commercial bank of Eritrea for local currency.

In line to the agreed upon proposal, PMU/MoH HQ is responsible for disbursement and reporting at national level and Zonal PMU is also responsible for disbursement at Zonal level, while financial and technical reports are submitted to PMU/MoH HQ by respective implementing programs.

The HSCC shall make sure that funds released are solely used for the program purposes and consistent with the terms of the agreement. Funds will be released to country upon an official request signed by the person or persons authorized by the Principal Recipient (PR).

External Audit report for 2011 - 2012 (June 2011– May 2012) is done and will be sent to GAVI secretariat via DHL.

Has an external audit been conducted? Yes as indicated above.

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number:)

9.2. Progress on HSS activities in the 2011 fiscal year

Please report on major activities conducted to strengthen immunization using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2011	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Activity 1.2:	Disseminate the National Health Policy Document at all levels, including the diplomatic corps	100	Minister office
Activity 1.3	Finalize formulation of the National Health Sector Development Plan	100	Minister office
Activity 2.1	Strengthen existing central and zonal training institutions to produce middle level health professionals	75	R and HRD
Activity 2.2	Upgrade the technical capacity of training schools	50	R and HRD
Activity 2.3	Support central and zonal training institutions	60	R and HRD
Activity 2.7	Develop health workers transfer policy	50	R and HRD
Activity 2.8	Develop health workers transfer policy implementation guidelines	70	R and HRD
Activity 2.9	Provide recreational amenities	100	R and HRD

	for health workers working in 10 selected remote health facilities		
Activity 2.10	Introduce reward package system to best performing individual health workers and teams at national and Zonal levels	50	R and HRD
Activity 3.2	Train health management committees in 3 zobas (regions) and 29 sub-zobas (districts) on their roles and responsibilities	50	CSMU
Activity 3.4	Train village health committees at 350 kebabis	75	CSMU
Activity 3.5	Provide one week training to 120 ZHMT members.	0	CSMU
Activity 4.1	Provide one week training to senior and middle level health managers in RBM skill - 1	0	CSMU
Activity 4.2	Provide one week training to senior and middle level health managers in RMB skills - 2	0	CSMU
Activity 4.4	Support the production of quarterly HMIS bulletin	100	HMIS
Activity 4.5	Support the dissemination of quarterly HMIS bulletin	100	HMIS
Activity 4.6	Procure ICT equipment for computerization of HMIS system in 29 selected sub-zobas [Computer systems, Printers, Broad Band Internet services]	100	HMIS
Activity 4.7	Train Health Workers in ICT and Computerized data management skills relevant for operating computerized HMIS	100	HMIS
Activity 4.8	Scale up district health systems assessment from the already piloted two zobas to cover the remaining four zobas	55	HMIS/CSMU
Activity 5.1	Provide water supply in selected health facilities	100	MSD
Activity 5.2	Supply photovoltaic solar power and cold chain systems to selected facilities	100	PMU
Activity 5.3	Conduct training for cold chain technicians in six zobas	100	MSD
Activity 5.4	Construct incinerators in 10 health facilities	50	MSD
Activity 5.5	Construct placenta pits in 10 health facilities	50	MSD
Activity 5.6	Upgrade 3 health centres to the level of community hospitals (district hospitals)	100	MSD
Activity 5.7	Construct accommodation for health workers in selected 3 remote health Facilities	100	MSD
Activity 6.1	Carry out community health education and promotion on Environmental Health in all zobas	70	EHU
Activity 6.2	Carry out household based	70	EHU

	water quality control in all the six Zobas during both rainy and dry seasons		
Activity 6.3	Supply chemicals and reagents (e.g. PUR, Water guard, etc) for water quality control in all the six zobas	100	EHU
Activity 6.4	Conduct integrated outreach services	100	EHU
Activity 6.5	Develop the Referral and Emergency Policy and Implementation Framework	100	EHU
Activity 6.6	Improve referral system through training in triage and emergency management, including referral of patients /clients (using the Emergency & Referral manual)	70	MSD
Activity 6.7	Procure standard equipment and supplies for referral & emergency service provision at selected health facilities	50	MSD
Activity 6.8	Carry out regular integrated supportive supervisions	100	MSD
Activity 6.9	Train health workers in early detection and response to outbreak of vaccine preventable diseases	100	IDSR
Activity 6.10	Train communities (VHTs, HFMCs & Teachers) in early detection and response to outbreak of vaccine preventable diseases	75	IDSR

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
Activity 1.2:	The draft NHP document developed with the assistance of GAVI funding was revised, consensus made and disseminated
Activity 1.3	The formulation of the NHSSDP was effectively completed.
Activity 2.1	We have combined activity 2.1 and 2.3. In order to strengthen the training institutions both at the central and peripheral levels, we have procured and supplied these institutions with audio visual materials, computers, books, and stationary materials.
Activity 2.2	With GAVI HSS funds distance training courses that could strengthen the technical capacities of the tutors have been provided. By doing so the quality of the training is believed to improve substantially.
Activity 2.3	We have combined activity 2.1 and 2.3. In order strengthen the training institutions both at the central and peripheral levels, we have procured and supplied these institutions with audio visual materials, computers, books, and stationary materials
Activity 2.7	The transfer policy document has been finalized and stakeholders' consensus achieved. However dissemination will be done soon.
Activity 2.8	Implementation guidelines document development is well on truck and is expected to be finalized and disseminated to all concerned soon.
Activity 2.9	Recreational amenities for workers serving in remote ten health facilities have been procured and delivered.

Activity 2.10	Best performing health workers have been identified based on agreed upon selection criteria and rewarded with laptop computers for half of the selected individuals.
Activity 3.2	The activities are being implemented at zonal level.
Activity 3.4	Guidelines with regards to the functionality of the committees distributed and actual formation of these committees and training on progress
Activity 3.5	This activity has not been done, because of structural changes that have been going on across the Ministry. The plan is to conduct the activity in the coming year upon completion of the on- going structural changes.
Activity 4.1	These two activities will be combined together and implemented in the last quarter of 2012. The rational for combing the activities is because of their similarities and for cost effectiveness purposes.
Activity 4.2	
Activity 4.4	The production of quarterly HMIS bulletin has been successfully completed and dissemination done on due time.
Activity 4.5	
Activity 4.6	ICT equipment procurement is in process and payment will be made upon cash against delivery.
Activity 4.7	The training in ICT and computerized data management skills relevant for operating computerized HMIS has been provided by available expertise.
Activity 4.8	These activities of conducting a DHS assessment in two zobas have been completed and assessment report finalized.
Activity 5.1	Provision of Water supply system is almost finalized for Mendefera health facility in the Debub zone. This will contribute for effective service delivery, which in turn would help to strengthen the health system.
Activity 5.2	Procurement and delivery of Photovoltaic solar power sets to health facilities completed. Obviously this has contributed to strengthening the EPI program and MCH services.
Activity 5.3	With these funding 21 solar and electrical refrigerators technicians from the zones have been trained for two weeks at national level.
Activity 5.4	Procurement of the stated incinerator (a single one) is on process
Activity 5.5	The construction of placental pits in the zones is also in progress.
Activity 5.6	The money has been sufficient to upgrade two health centers to the level of community hospitals. The facilities being up graded are at Wade in the Southern Red Sea Zone and Fikya in the Debub Zone. As a result of the completing of the upgrading these facilities have been able to provide MCH services.
Activity 5.7	Accommodation for staff has also been constructed in Fikya community hospital, in Debub Zone. This will definitely contribute to staff motivation and increase their overall performances in services delivery.
Activity 6.1	Community Lead Total Sanitation (CLTS) training is being provided to community members in five villages in two zobas. Added to other efforts these villages will eventually be able to declare Open Defecation Free (ODF) in their localities.
Activity 6.2	This money will be utilized to cover transportation and DSA expenses for sanitarians that were doing field supervision of water sources in health facilities across all zobas.
Activity 6.3	Chlorine tables that help water purification and disinfection are ordered from supplier to be supply in health centers in all six zobas.
Activity 6.4	Integrated outreach services have been successfully conducted in Northern Red Sea and Southern Red Sea zones in selected hard to reach districts to increase the routine immunization coverage with this money.
Activity 6.5	With help of an external consultant the referral and emergency services policy guidelines and implementation framework have

	been successfully developed, is awaiting printing and dissemination.
Activity 6.6	Now that the manuals have been developed a TOT training is planned to be conducted soon with full participation from the zones and concerned personnel from headquarters.
Activity 6.7	Specification of required equipment is being prepared and procurement will be initiated upon the completion of that task.
Activity 6.8	Integrated Supportive Supervision (ISS) have been conducted in Anseba and Northern Red Sea zones, as part of the twice per year supervision work to be done from headquarters to zobas (zones).
Activity 6.9	One hundred twenty health workers in three zones namely, Northern Red Sea, Gash Barka and Debub have been trained in integrated disease surveillance and response (IDSR) modules.
Activity 6.10	In the above cited three zones, 80 community health workers have been identified to be trained on active surveillance of EPI target diseases.

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

We feel enough explanations have been provided and as to how most of the activities have been successfully implemented and why some activities have not been implemented.

9.2.3 If GAVI HSS grant has been utilized to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

All incentives provided to our health workers have been ensured to be consistent with our HRD policy guidelines. In fact provision of incentives to health workers have been a common practice with other government and partners budgets and not only with GAVI funds.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator <i>(Insert as many rows as necessary)</i>	Baseline		Agreed target till end of support in original HSS application	2011 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				
Objective 1: To complete formulation of the National Health Policy and National Health Sector Development Plan by the end of 2010						
1.1 NHPD drafted and disseminated	0	0	100 %	100%	MoH	
Objective 2 To increase the production of new health workers by 7 % annually so as to strengthen the						

capacity of human resource for health to deliver health services effectively and efficiently						
2.1 # of HWs. distributed according to plan	0	0	100% (4460)	Over 1074 New work force deployed in year 2011 (24%)	R& HRD	
Objective 3: To establish functional participatory management structures at all levels of the health system by the end of 2010.						
3.1 # of health management team members trained	25% (30)	CSMU	100 % (120)	75% (90)	CSMU	
Objective 4: To strengthen Results Based Management¹ (RBM) of health services that reflects strong evidence based decision making (EBDM) at all levels of the health system.						
4.1 # of available of HMIS bulletin in facilities	0	0	100% (300)	40 % (120)	HMIS	
4.2 # of training sessions conducted in RBM skills1 & 2	0	HMIS	100% (4)	25% (1)	HMIS	
Objective 5: To rehabilitate health facility infrastructure for provision of quality health services						
5.1 One HF .provided with water supply & solar system	0	Medical services division (MSD)	4 selected facilities	100 % (2)	MSD	
Objective 6: To improve delivery of essential health care packages' including provision of integrated maternal and child health (MCH) services, at all levels of health care provision-						
6.1 Referral and emergency	0	CSMU	100% (1)	100% (1)	CSMU	

services policy document developed						
6.2 # of HWs trained in triage and emergency management	0	CSMU	100% (120)	50% (60)	CSMU	
6.3 # integrated outreach services conducted	0	EPI	100% (8)	50% (4)	EPI	

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

According to the approved project plan most our targets are going to be 100% achieved by the end of the fourth year of implementation and we have only been in the second year. This entails that it is probably too early to see or achieve real impacts on health services programs. Besides that, the overall budget of the project budget is too small to bring about substantive impacts when not utilized in complementary with funds like the GOE budgetary support or the Global Fund grants. This in turn makes it difficult to identify impacts attributable to GAVI HSS funds. Nevertheless the following major health systems strengthening activities have been accomplished with GAVI and funds from other sources during the 2011 implementation year. Strengthening sub-systems especially the referral system and emergency services delivery system has been achieved. These include the following:

- A preliminary assessment to determine the effectiveness of the existing referral system was carried out
- A process of development of a user friendly guidelines is on progress based on information obtained from the assessment and tailored to addressing weaknesses and enhancing strengths as suggested in the assessment document
- Guidelines for management of common medical emergencies both at hospital and health center level was also developed

A district health systems assessment (DHS) was also done in two of the six zobas in this year's implementation period. This is a continuation or a scale up of a previously made DHS assessment in two other zobas in 2006. With now have a data base of the functionality and availability of the required organizational structure at district level in four of the six zoba of the country. This assessment was done with the help of a health system expert consultant and GAVI funds were effectively used for that purpose.

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

There is no problem at all in utilizing GAVI HSS funds. But as stated above the funds is too small to be utilized alone to bring about major program accomplishments. This issue was addressed by using GAVI HSS funds to complement government and other partners' budgets and there seem to be no outstanding problem that needs to be solved in future.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded

HSS activities.

At headquarters level we have a focal person who coordinates all HSS activities. Additionally all concerned meet on monthly and regular basis to see how implementations are going and to mitigate any problems if and when they occur. Financial transactions are regulated and guided by the PMU, and we try to align implementation of activities with disbursement of funds. We are also required to do a regular progress reports to the Minister office.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

The Ministry of Health Established the Monitoring and Evaluation Division to provide leadership for the monitoring and evaluation activities in the health sector. The M&E Division was established under the Department of Policy, Planning and Evaluation.

In addition the M&E Division the Ministry of Health developed the Health Management Information System (HMIS) in 1997 and selected disease and health service indicators through the participation of health workers and concerned partners and stakeholders. The HMIS collect complete information on preventive, promotive, curative, and rehabilitative health service including diagnostic and blood services.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including Civil Society Organizations). This should include organization type, name and implementation function.

Our UN partners mainly the WHO and UNICEF on the one hand and government institutions mainly the ministry of Local Government and the Ministry of Finance on the other, were the principal stakeholders involved in the implementation process of the project.

9.4.6. Please describe the participation of Civil Society Organizations in the implementation of the HSS proposal. Please provide names of organizations, type of activities and funding provided to these organizations from the HSS funding.

Civil society organizations like the women and youth unions were also active participants. In short the implementation process was as participatory as was the development process of the proposal.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

- **Mechanism for coordinating GAVI HSS with other system activities and programs**

- DG Health Services – Chair,
- Continuous coordination and inter-component networking support; linking up all project components to ensure harmony of implementation.
- Joint planning meetings among the TWG and the relevant units within the MOH as well as partners,
- The TWG will also identify technical support needs. It will provide continuous monthly debriefing to the Minister of Health
- Quarterly monitoring and evaluation reports
- Quarterly Financial management and audit reports
- Quarterly monitoring and planning meetings on both technical and financial issues to assess progress towards the targets,
- Annual M&E and financial reports
- Annual review and planning meetings based on the annual M&E and financial reports
- To ensure effective integration, annually, all GAVI HSS project activities will be reflected in the Operational Plan of each implementing partner.

9.5. Planned HSS activities for 2012

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Budget carried forward from 2010	Original budget for 2012 (Y 2) (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Available fund	2012 (Y 2) actual expenditure (as May 2012)	Committed funds for activities indicated below
Activity 1.1	Activity 1.1: Finalize formulation of the National Health Policy Document	16,000		16000	16,000.00	
Activity 1.2	Activity 1.2: Disseminate the National Health Policy Document at all levels, including the diplomatic corps	5,000		5000	6,708.49	
Activity 1.3	Activity 1.3: Finalize formulation of the National Health Sector Development Plan	16,000		1600	15,990.66	
Activity 1.4	Activity 1.4: Disseminate the National Health Sector Development Plan at all levels including the diplomatic corps	5,000		5000	4,000.00	
Activity 2.1	Strengthen existing central and zonal training institutions to produce middle level health professionals	4608	40,500	45108	17,738.34	27,370
Activity 2.2	Upgrade the technical capacity of training school tutors / instructors, by training them in areas of identified skill deficits through: distance education, post graduate and other relevant courses	5478	29,000	34478	1,787.80	32,690.2
Activity 2.3	Support central and zonal training institutions with requisite teaching materials that includes audio visual materials.	(7076)	19,500	12424	0	12,424.27

	books, computers etc					
Activity 2.4	Activity 2.4: Review the current staffing pattern in order to establish the MOH Recommended Minimum Staffing Norm for health facilities at all levels	13000		13000	11,000.00	2,000
Activity 2.5	Activity 2.5: Update the existing job descriptions of health workers at all levels of the health system.	7750		7750	7,750.00	
Activity 2.6	Activity 2.6: Disseminate the existing job descriptions of health workers to all levels of the health system.	7000		7000	6,000.00	
Activity 2.7	Activity 2.7: Develop health workers transfer policy	0	6,000	6000	0	6,0000
Activity 2.8	Activity 2.8: Develop health workers transfer policy implementation guidelines	0	9,000	9000	0	9,000
Activity 2.9	Provide recreational amenities for health workers working in 10 selected remote health facilities	10600	10,600	21200	9,600.00	2,000
Activity 2.10	Introduce reward package system to best performing individual health workers and teams at national and Zonal levels	4900	4,900	9800	0	4,900
Activity 3.1	Activity 3.1: Scaling health management committees in 3 zobas (regions) and 29 sub-zobas (districts)	6000		6000	6,000.00	
Activity 3.2	Activity 3.2: Train health management committees in 3 zobas (regions) and 29 sub-zobas (districts) on their roles and responsibilities	12000	8,500	20500	0	8,500
Activity 3.3	Activity 3.3: Establish village health committees at 350	7000		7000	12,000.00	

	kebabis					
Activity 3.4	Train village health committees in 350 kebabis on their roles and Responsibilities		10,500	10500	0	10,500
Activity 3.5	Activity 3.5: Provide one week training to 120 health management team members in 3 zobas on research, district health systems management, data management and community entry and participation.		7,000	7000	0	14,000
Activity 4.1	Provide one week training to senior and middle level health managers in RBM skills-		8,000	8000	0	500
Activity 4.2	Provide one week training to senior and middle level health managers in RBM skills-2:		7,000	7000	0	7,000
Activity 4.3:	Activity 4.3: Support the identification of core minimum national indicators by sponsoring a participatory consensus building workshop	7000		7000	6,500.00	
Activity 4.4	Support the production of quarterly HMIS bulletin	5000	6,000	11000	5,222.54	
Activity 4.5	Support the dissemination of quarterly HMIS bulletin	1500	1,500	3000	1,500.00	
Activity 4.6	Procure ICT equipment for computerization of HMIS system in 29 selected sub-zobas [Computer systems, Printers, Broad Band Internet services]		24,000	24000	0	24,000
Activity 4.7	Train Health Workers in ICT and Computerized data management skills relevant for operating	4000	4,000	8000	9,524.00	

	computerized HMIS					
Activity 4.8	Activity 4.8: Scale up district health systems assessment from the already piloted two zobas to cover the remaining four zobas		24,000	24000	0	24,000
Activity 5.1	Provide water supply in selected health facilities		23,000	23000	0	23,000
Activity 5.2	Supply photo voltaic solar power and cold chain system to selected health facilities		30,000	30000	3,106.28	26,893.72
Activity 5.3	Activity 5.3: Conduct training for cold chain technicians in six zobas	5967	10,000	15967	5,966.86	4,033.14
Activity 5.4	Construct incinerators in 10 health facilities	20500	25,000	45500	20,000.00	47,429.56
Activity 5.5	Construct placenta pits in 10 health facilities		7,000	7000	0	7,000
Activity 5.6	Upgrade 3 health centers to the level of community hospitals (district hospitals)		31,000	31000	2,630.82	28,369.18
Activity 5.7	Construct accommodation for health workers in selected 3 remote health Facilities		30,000	30000	30,480.37	
Activity 6.1	Carry out community health education and promotion on Environmental Health / WES in all zobas		10,000	10000	375.94	10,624.06
Activity 6.2	Carry out household based water quality control in all the six Zobas during both rainy and dry seasons		6,000	6000	0	7,000
Activity 6.3	Supply chemicals and reagents (e.g. PUR, Water guard, etc) for water quality control		10,000	10000	0	10,000

	in all the six zobas					
Activity 6.4	Conduct integrated outreach services	4410	11,000	15410	4,157.13	4,970
Activity 6.5	Activity 6.5: Develop the Referral and Emergency Policy and Implementation Framework	15000		15000	12,901.75	
Activity 6.6	Improve referral system through training in triage and emergency management, including referral of patients /clients (using the Emergency & Referral manual)	14000	18,000	32000	14,057.85	18,000
Activity 6.7	Procure standard equipment and supplies for referral & emergency service provision at selected health facilities		30,000	30000	0	30,000
Activity 6.8	Carry out regular integrated supportive supervisions	5000	5,000	10000	5,000.00	
Activity 6.9	Activity 6.9: Train health workers in early detection and response to outbreak of vaccine preventable diseases		16,000	16000	34,473.97	
Activity 6.10	Activity 6.10: Train communities (VHTs, HFMCs & Teachers) in early detection and response to outbreak of vaccine preventable diseases	25000	7,000	32000	0	7,000
	Management Cost	6877	109,000.00	115877	8,880.44	100,119.56
	M&E Support Cost			0	6,750.04	5,318.89
	Fund received more than budget		10,000			
	Birth Cohort	211135	86,055.00	297190	188,089.06	89,929
Total		438,649	694,055.00	1,132,767.34	474,192.34	658,572

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2013 (Year 3)

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
Activity2.1	Strengthen existing central and zonal training institutions to produce middle level health professionals	40,500			
Activity2.2	Upgrade the technical capacity of training school tutors / instructors, by training them in areas of identified skill deficits through: distance education, post graduate and other relevant courses	29000			
Activity2.3	Support central and zonal training institutions with requisite teaching materials that includes audio visual materials, books, computers etc	32000			
Activity2.9	Provide recreational amenities for health workers working in 10 selected remote health facilities	10600			
Activity2.10	Introduce reward package system to best performing individual health workers and teams at national and Zonal levels	4900			
Activity 3.4	Train village health committees in 350 Kebabis in their roles and responsibilities	10500			
Activity4.1	Provide one week training to senior and middle level health managers in RBM skills- 1:	10000			
Activity4.2	Provide one week training to senior and middle level	7000			

	health managers in RBM skills-2:				
Activity4.4	Support the production of quarterly HMIS bulletin	5000			
Activity4.5	Support the dissemination of quarterly HMIS bulletin	1500			
Activity4.6	Procure ICT equipment for computerization of HMIS system in 29 selected sub-zobas [Computer systems, Printers, Broad Band Internet services]	30000			
Activity4.7	Train Health Workers in ICT and Computerized data management skills relevant for operating computerized HMIS	4000			
Activity5.1	Provide water supply in selected health facilities	30000			
Activity5.2	Provide photo voltaic solar power and cold chain system to selected health facilities	45000			
Activity5.4	Construct incinerators in 10 health facilities	20000			
Activity5.5	Construct placenta pits in 10 health facilities	10000			
Activity5.6	Upgrade 3 health centres to the level of community hospitals (district hospitals)	31000			
Activity5.7	Construct accommodation for health workers in selected 3 remote health Facilities	49580			
Activity6.1	Carry out community health education and promotion on Environmental Health / WES in all zobas	9000			
Activity6.2	Carry out household based water quality control in all the six Zobas during both rainy and dry seasons	6000			
Activity6.3	Supply chemicals and reagents (e.g. PUR, Water guard, etc) for water quality control in all the six zobas	9000			
Activity6.4	Conduct integrated	11000			

	outreach services				
Activity 6.6	Improve referral system through training in triage and emergency management, including referral of patients (clients) using the emergency and referral manual.	15000			
Activity6.7	Conduct integrated outreach services	55000			
Activity6.8	Carry out regular integrated supportive supervisions	5000			
Activity6.9	: Train health workers in early detection and response to outbreak of vaccine preventable diseases	15000			
Activity 6.10	Train communities (VHTs, HFMCs and teachers) in early detection and response to outbreak of vaccine preventable diseases.	7000			
Total		502,080			
	Management Cost	50,000			
	M&E Support Cost	19,000			
	Technical support	40,000			
	Birth Cohort	93,500			
		704,580			

9.6.1. If you are reprogramming, please justify why you are doing so.

No we are not reprogramming.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

Not applicable in our case.

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **No**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS	2013 Target
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(Insert as many rows as necessary)						application	
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9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

No revised indicators

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

We have not made any changes in our indicators. We are retaining the same objectives and hence having the same indicators. Please note that we are not reprogramming.

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
No donor for HSS support			

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
PMU/MoH and the respective HSS department (MDS/ CSMU/ R& HRD, EHU/IDSR) etc...	Each implementing partner in the project was requested to submit his/her activity report. This was compared and checked against the financial expenditure documents in the PMU office which was helpful to validate accuracy & consistency of all reports collected.	Delay in submission of reports, budget inadequacy to implement planned activities, and delay of implementation activities that require civil works.

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

It is good to send all the report as an attachments rather than writing the report online on the web.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010? **Yes**

Please attach:3

