Annual Progress Report 2007

Submitted by

The Government of

Federal Democratic Republic of Ethiopia

Date of submission: September_3, 2008

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(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to:
GAVI Alliance Secrétariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, rajkumar@gavialliance.org or representatives of a GAVI partner agency. **All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.**

This report reports on activities in 2007 and specifies requests for January – December 2009

Signatures Page for ISS, INS and NVS

For the Government of Federal Democratic Republic Of Ethiopia

Ministry of Health:	**Ministry of Finance:**
Title: ……	Title: ……
Signature: ……	Signature: ……
Date: ……	Date: ……

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excel sheet. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dr. Shiferaw Tekle Mariam/State Minister for Health	Ministry of Health		
Dr.Neghist Tesfaye/Family Health Department Head	Ministry of Health		
Dr. Nejmudin Kedir/Plan and Program Department Head	Ministry of Health		
Dr. Zerihun Tadesse, Disease Prevention and Control Department	Ministry of Health		
Mr. Berhanu Feissa /Head Pharmacy Administration and Logistics T/ Department	Ministry of Health		
Dr. Fatoumata Nafo-Traore/ WHO Representative	WHO/Ethiopia		
Mr. Bjorn Ljungqvist/UNICEF Representative	UNICEF/Ethiopia		
Dr.Mulugeta Gebre Yohannis	USAID/Ethiopia		
Engineer Shiferaw Bizuneh	Rotary International		
Dr.Filimona Bisrat	CORE Group		
Ms. Tomoyo Miyake JICA	JICA Representative		

Signatures Page for HSS

For the Government of Ethiopia

Ministry of Health:

Title: Minister of Health

Signature:_____

Date:_____

Ministry of Finance:

Title: State Minister of MOFED

Signature:_____

Date:_____

We, the undersigned members of the National Health Sector Coordinating Committee, the Central Joint Steering Committee (CJSC) endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dr. Tedros Adhanom GebreYesus	Minister of Health FMOH		
Ato Mekonen Manyazewal	State Minister, MOFED		
Dr. Kebede Worku	State Minister of Health FMOH		
Ambassador Raffael de Lutio	Ambassador of Italy, representative of the EU		
Dr. Vivian VanSteirteghem	CO-chair HPN donors group		
Mrs. Meri Sinnitt	Chief Health, AIDS, Population and Nutrition		
Mr. Kenichi Ohashi	Resident Representative the World Bank		
Dr. Meshesha Shewarega	Executive Director , CRDA		
Dr. Fatouma NAFO-TRAORE	WHO Representative		
Dr. Nejmudin Kedir	Head of the Planning and Programming Department, FMOH		

Signatures.pdf

Progress Report Form: Table of Contents

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No
If yes, please explain in detail how it is reflected as MoH budget in the box below.
If not, explain why not and whether there is an intention to get them on-budget in the near future?

Annually the Ministry of Health and partners develop Plan of Action for immunization Program which includes budget source both from government and partners and ISS fund is utilized based on the Plan of Action approved by the ICC.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The ICC is the decision making body in setting the criteria for ISS fund utilization. With regard to getting ISS fund from GAVI, no problem has been encountered so far. However, problem is encountered with the regional health bureaus on the timely utilization and liquidation of fund disbursed. With repeated reminders very few regions have managed to liquidate the funds on time

1.1.2 Use of Immunization Services Support

*In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.*

Funds received during 2007 2,178,723 USD
Remaining funds (carry over) from 2006 0.00 USD
Balance to be carried over to 2008 0.00 USD

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	NA				
Injection supplies	NA				
Personnel	100,203		100,203		
Transportation	105,213		105,213		
Maintenance and overheads	45,530			45,530	
Training	520,962		520,962		
IEC / social mobilization					
Outreach	640,705			640,705	
Supervision	200,000		150,000	50,000	
Monitoring and evaluation	243,899		243,899		
Epidemiological surveillance					
Motor cycle	284,211		284,211		
Cold chain equipment	40,000	40,000			
Other …… *(specify)*					
Total:	2,178,723 USD	40,000	1,404,488	734,235	
Remaining funds for next year:	00	0	0	0	

If no information is available because of block grants, please indicate under 'other'.

Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

Major activities conducted in 2007:

- *RED evaluation conducted with technical support from WHO/AFRO and immunization basics*
- *Post new vaccine introduction evaluation conducted with support from WHO and CDC*
- *District level micro-planning was conducted in zones with large number of unvaccinated children*
- *New vaccine introduction training was conducted before the introduction of the pentavalent vaccine*
- *Peripheral level EPI trainings conducted*
- *Supportive supervision to regions and districts done by the EPI field officers and EPI team at the central level*
- *Annual national level EPI review meeting was conducted integrated with other maternal and child health activities*
- *RED approach implemented in all districts*
- *EPI policy guideline revised, printed and distributed*
- *Cold chain users training was conducted*

Problems encountered:

- *The national immunization coverage in 2007 has shown limited progress compare to the previous year. In few regions there was service interruption during the transition from DPT to pentavalent vaccine for few weeks.*
- *The routine EPI coverage is still very low in regions such as Somali, Afar and Gambella which need significant improvement and effort to reach 80% target.*

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for _no schedule_____

**If no DQA has been passed, when will the DQA be conducted?*
**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*
**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

The previous one was in 2002 and the recommendation were submitted in previous reports

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?

YES [x] *NO* [ ]

If yes, please report on the degree of its implementation and attach the plan.

During DQS training at all levels all the recommendations were discussed with the concerned bodies and their implementation being checked during supervisory visits and review meetings.

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

NA

1.1.4. ICC meetings

How many times did the ICC meet in 2007? ***Please attach all minutes.***
Are any Civil Society Organizations members of the ICC and if yes, which ones?

There were five ICC meetings in 2007 and there is one civil society member (Core Group/CRDA)

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2007.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
DPT-HepB-Hib	**One dose**	**10,007,800**	**March 2007**	**From December 2006 to November 2007**

Please report on any problems encountered.

There was no major problem encountered.
The transition from DPT to pentavalent created gap in some health facility and causes immunization service interruption for sometimes.

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

Pre-introduction activities:

- *New vaccine introduction training at national and sub national levels*
- *Revision of recording and reporting formats*
- *Ensuring of availability and functioning of cold chain equipment*
- *Storage capacity increased at all levels through procurement of cold rooms, refrigerators, cold boxes and vaccine carriers*
- *Timely distribution of vaccines*
- *Guideline developed and distributed to all levels how the new vaccines should be introduced including the phasing in and no catch up vaccination, change made from ice packing to chilled water packing, freeze sensitivity of vaccines etc*

Post introduction activities

- *Continuous monitoring and supervision of the new vaccine*
- *Post introduction evaluation was conducted in November 2007 (report attached)*

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: ___2005___

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

All the money was used, it covered less than 1/3rd of the training cost

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in __2002____

Please summarize the major recommendations from the EVSM/VMA

There is a plan to conduct vaccine management assessment in 2008.

Was an action plan prepared following the EVSM/VMA: Yes/No

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

It was implemented and a new plan being prepared

The next EVSM/VMA* will be conducted in: _2008_____

**All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.*

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

Injection Safety Material	Quantity	Date received
NA		

Please report on any problems encountered.

NA

1.3.2. Progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

It is funded by other donors mainly UNICEF and world bank

Please report how sharps waste is being disposed of.

The sharps are disposed using incinerators at health facility level and burning and burial at health post and community level.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

The injection safety support from GAVI ended in 2004 since then there is no long-term financial commitment for safe injection supplies from partners. The country is trying to fill the gap hardly by mobilizing resource from partners through ICC on annual basis.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

NA

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category				
Vaccines	40,562,235	46,729,884	40,839,631	42,855,151
Injection supplies	1,985,236	2,847,571	1,992,613	2,131,629
Cold Chain equipment	2,654,589	3,689,226	8,332,722	5,577,726
Operational costs	5,954,123	6,876,952	4,287,174	4,629,170
Other (please specify) Training, supervision, monitoring and evaluation	3,654,251	3,985,256	2,069,356	1,677,769
Financing by Source				
Government (incl. WB loans)	3,000,222			
GAVI Fund	39,658,723			
UNICEF	5,806,646	5,767,000	5,788,717	5,630,500
WHO	500,000	2,216,616	1,352,500	
Other (please specify) (PBS Fund: this fund is a contribution of donors /partners through FMOH for protective basic services)	5,844,842			
Total Expenditure	54,810,434	64,128,889		
Total Financing				
Total Funding Gaps	9,318,455			

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination…

The funding gap between the planned and actual expenditure for immunization in 2007 is critical and need further analysis by the Government with EPI partners. Especially the financial gap on the traditional vaccine and for the injection safety supplies needs special focus by the Government and also by EPI partners because these items need long-term financial commitment to sustain the program.

The reason for the reported trend is the reduction in financial contribution from some donors for routine EPI activities. (The Government of Netherlands, Irish Aid …). This need special attention by the Government and immunization partners because this is challenging and the contribution from donors may continue to reduce in the coming years too.

Strategies:-

- The MOH needs to device strategies to internally mobilize government resource for immunization at regional and national levels to be able to support some of the immunization activities.
- The other strategies need to be implemented in the next years are advocacy and mobilizing resource from potential donors and get long-term financial commitment from EPI partners.
- Linking EPI service with other child health programs may reduce some of the operational cost/expenditure and also will help to share resource with other programs.

Table 2.2: Country Co-Financing (in US$)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)	NA	NA	NA	NA
Government				
Other sources (please specify)				
Total Co-Financing (US$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI awarded vaccine.

For 2nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)	NA			
Government				
Other sources (please specify)				
Total Co-Financing (US$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 2nd GAVI awarded vaccine.

Table 2.3: Country Co-Financing (in US$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	X	All vaccines	UNICEF and GAVI
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	NA
National health sector plan	NA
National health budget	NA
Medium-term expenditure framework	NA
SWAp	NA
cMYP Cost & Financing Analysis	NA
Annual immunization plan	NA
Other	NA

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1. NA
2.
3.
4.
5.

3. Request for new and under-used vaccines for year 2009

*Section 3 is related to the request for new and under-used vaccines and injection safety for **2009**.*

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided. Targets for future years **MUST** be provided.

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

No change

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
DENOMINATORS										
Births	2,997,056	3,113,697	3,159,128	3,244,424	3,332,024	3,421,989	3,514,382	3,609,271	3,706,721	3,806,802
Infants' deaths	230,628	236,858	243,253	249,821	256,566	263,493	270,607	277,914	285,418	293,124
Surviving infants	2,703,014	2,810,795	2,915,875	2,994,604	3,075,458	3,158,496	3,243,775	3,331,357	3,421,303	3,513,679
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)*	2,165,226									
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of DTP (DTP3)*	1,938,894									
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP-Hep.B-HiB		2,280,620	2,624,288	2,755,036	2,921,685	3,063,741	3,178,899	3,298,043	3,387,090	3,478,542
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of DPT-HEP.B-Hi.B		2,038,609	2,361,859	2,515,467	2,675,648	2,842,646	3,016,711	3,164,789	3,318,664	3,478,542
Wastage rate till 2007 and plan for 2008 beyond*** DPT-HEP.B-HiB		ND	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	1,564,101	1935716	2,211,390	2,433,318	2,665,619	2,908,690	3,057,513	3,248,344	3,410,183	3,616,462
Infants vaccinated / to be vaccinated with BCG	2,160,597	2253029	2,622,076	2,822,649	2,998,822	3,148,230	3,338,663	3,500,993	3,669,654	3,768,734
Infants vaccinated / to be vaccinated with Measles (1st dose)	1,691,533	1820753	2,186,906	2,395,683	2,614,139	2,747,891	2,919,397	3,064,848	3,250,238	3,408,268

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)
** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

No change

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
▪ **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided ▪ **Wastage of vaccines:** Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid. ▪ **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ **Anticipated vaccines in stock at start of year 2009:** It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines. ▪ **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines. ▪ **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

3.3 Confirmed/revised request for injection safety support for the year 2009

Table 8: Estimated supplies for safety of vaccination for the next two years with …… *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)* ***NA***

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) *(1)*	#		
B	Number of doses per child (for TT: target of pregnant women)	#		
C	Number of ….doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock *(2)*	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor *(3)*	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

NA

4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: 2007

Current Health Systems Support will end in: 2010

Funds received in 2007: **Yes**/No

- If yes, date received: **(13/04/2007), (24/09/2007) and (15,10,2007)**
- If Yes, total amount: **US$ 68,093,537 i.e. (23,733,388), (32,106,000) and (13,001,300) respectively**

Funds disbursed to date: US$ **68,840,688**
Balance of installment left: US$ **3,607,617**

Requested amount to be disbursed for 2009 US$ **8,025,398**

*Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): **Yes**/No*
If not, why not? How will it be ensured that funds will be on-budget? Please provide details.

NA

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

The HSS program has had a great impact on the Health System of Ethiopia. The Support is channeled through MDG Performance Package Fund of the government which was established to move towards a broader harmonization and alignment. This report covers all activities and expenditures of 18 months, starting from April 2007 to August 2008.

The main activities performed by the HSS Fund so far were:

1. Various trainings namely, Integrated Refresher Training for HEWs, Apprenticeship support for trainees and training of HEWs supervisors.
2. Trainings to Woreda Health Management teams and conducting HEP annual review meeting.
3. Training health professionals on IMNCI
4. Procurement and distribution of IT equipment, 4X4 Vehicles, 3670 HP equipment
5. Construction of 200 HC. This activity has been outsourced to GTZ and construction is progressing well
6. Construction of 66 Health posts in four emerging regions is underway and the majority are in the finishing stage
7. New HMIS formats have been printed and distributed to health facilities

The Fund was disbursed in line with a new schedule suggested by the CJSC (the Minutes is attached here with) and approved by GAVI. According to this, the second and third installments arrived within a month. (see table 10 for detailed description of activities)

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

GAVI HSS budget is utilized by the government system, i.e. Federal and Regional Health offices are the main beneficiaries. In some regions funding goes to Zones and even to Districts. So far, no CSO involvement as it doesn't exist in the original plan, which was based on funding utilization by the public by Health System.

A separate GAVI CSO support proposal is being finalized to be sent for approval.

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

The major change in disbursement schedule was that Ethiopia requested for second and third disbursement at the same time given that the first disbursement was absorbed rapidly. By receiving the second and third disbursements simultaneously, Ethiopia was able do bulk purchase and this way efficiently utilize resources.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next trench were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

The MDG Performance Package Fund, where GAVI HSS fund is transferred was not audited so far. An audit has however been planned for September- October the result of which will be delivered upon completion.

The Minutes of CJSC, where fund disbursement was requested is attached herewith.

Minutes of the Meeting of CJSC.pdf

The HSDP Mid-Term Review Report, finalized in April 2008 has how ever been attached as an annex. (Annex 1)

Table 9. HSS Expenditure in 2007/08 in expenditure on HSS activities and request for 2008/09 (*In case there is a change in the 2009 request, please justify in the narrative above)*			
Area for support	**2007/08 (Expenditure)**	**2007/08 (Balance)**	**2008/09 (Request)**
Activity costs			
Objective 1			
Activity 1.1	5,687,500	1,070,313	1,070,313
Activity 1.2	1,023,500	609,650	609,650
Activity 1.3	1,319,670	659,835	659,835
Activity 1.4	720,000	360,000	360,000
Objective 2			
Activity 2.1	16,250,000	0	3,250,000
Activity 2.2	5,937,475	0	948,832
Activity 2.3	750,000	0	0
Activity 2.4	21,039,212	-884,612	0
Objective 3			
Activity 3.1	2,397,649	107,351	0
Activity 3.2	300,000	0	0
Activity 3.3	201,750	116,750	125,017
Activity 3.4	7,740,590	0	0
Support costs			
Management costs	11,233	438,767	150,000
M&E support costs	1,482,241	1,129,563	851,751
Technical support			
TOTAL COSTS	**64,860,820**	**3,607,617**	**8,025,398**

Table 10. HSS Activities in 2007	
Major Activities	**2007**
Objective 1:	**HEALTH WORKFORCE MOBILIZATION, DISTRIBUTION AND MOTIVATION**
Activity 1.1: Integrated Refresher Training	The IRT fund is distributed to all Regions; Tigray, Afar, Amhara, Oromiya, Southern Nations and Nationalities Peoples Region, Somali, Gambella, Benshangul-Gumuz, Harari and Dire Dawa City Administration Council, based on the national equity formula. The national equity formula is the formula derived by the Government and used for distribution of budget. The first allocation 1,546,875 USD and the second allocation 4,140,625, totally 5,687,500 was transferred to Regions to conduct refresher training for HEW. Accordingly Integrated Refresher courses were given to more than 8,941 Health Extension Workers by all the Regional Health Bureaus. The courses were taken from the already developed IRT module once a need assessment has been completed. The training is still ongoing in most Regions; the number of trained HEWs will most likely rise up by the end of November. The IRT is giving additional skill to HEW on specific areas. The training will continue in all regions as the result was tremendous.
Activity 1.2: Apprenticeship	No money for apprenticeship was allocated from the first disbursement and the 1,023,500 USD allocated from the second disbursement, was transferred to the Regions based on the national distribution equity formula, which was paid to 37 TVET schools. Two regions, Dire Dawa and Harari didn't receive the apprenticeship funding since they had both completed the required HEW training. Apprenticeship was given to more than 5,550 Health Extension Students from all regions. Some Regions have planned to grant further apprenticeships to almost 200 students by September.
Activity 1.3: Capacity Building of Woreda Health Management Team	This fund, 659,835 USD in the first and second disbursements, totalling 1,319,670 USD, is also distributed to Regions based on the national equity formula. Some Regions requested to use this Fund for Woreda Health Management Team capacity building in regard to Woreda- based National Planning. This idea was presented to the JCCC and approved. Money disbursed during the second round was used for this purpose, which also had the added benefit of building the capacity of WHMT in evidence-based planning, reporting and resource –mapping. 3,893 people have been trained with this money. The trained WHMT have actively developed the Woreda Based National Plan.
Activity 1.4: Training of Health Workers on IMNCI	IMNCI training, managed by the Family Health Department of the FMOH was outsourced to the Ethiopian Paediatric Society (EPS). Accordingly, 360,000 USD was transferred to EPS for the first round training. So far, the EPS has trained 656 Health professionals on IMNCI case management, 36 on IMNCI facilitation skills and 27 on IMNCI supervision. Training was conducted at 23 sites. Trainees were selected by the Regional Health Bureaux. Post - training follow up supervision was conducted at 220 sites by the trainers. A proposal for the second round was prepared and an MOU signed. The money was transferred to EPS for the second round IMNCI training. This activity is covering a wide range of Health Workers in IMNCI skills which will result in effective management of newborn and childhood illnesses.
Objective 2:	**SUPPLY, DISTRIBUTION AND MAINTENANCE SYSTEMS FOR PHC DRUGS, EQUIPMENT AND INFRASTRUCTURE**
Activity 2.1:	The construction of 200 GAVI sponsored Health Centres is outsourced to GTZ, along with another 300 Health Centres funded from a different sources. Thus far, 46 Health Centres have been constructed and finished 100% and are ready to be handed over, 136 are 50% to 100% complete and 18 are 25% to 50% complete. 16,250,000 USD has been paid to GTZ. The remaining 3,250,000 will be paid once all work is

Upgrading HS to HC	complete. This activity along with distribution of Health Centre equipment (Activity 2.2 below) will increase the number of HCs and will affect positively the access to Health Services.
Activity 2.2: Equipment HC	UNICEF was requested to give Cost Estimate for 300 Health Centres Equipment and the price is much higher than what the MoH is now paying after a process of competitive bidding. The FMoH decided to procure the equipment through Pharmaceuticals Fund and Supply Agency (PFSA), a new procurement body established by the FMoH to facilitate procurement processes, as part of building the capacity of the MOH. This money is transferred to the PFSA and the procurement process is started.
Activity 2.3: Construction of 100 Health Posts	Funding allocated for the construction of Health posts was divided to the four emerging Regions namely, Afar, Benshangul-Gumuz and Somali, to support construction of 25 HPs at each region. 187,500 USD was transferred to each of the four Regions in two disbursements. So far three Regions; Somali, Afar and Gambella have reported that funding provided will not be adequate to construct 25 Health Post's because of cost inflation. Despite this drawback, Afar is constructing 10 HPs with these funds and also other funding sources. Gambella is in the process of outsourcing the construction of 10 Health Posts to contractors. Additional costs in Gambella will be funded through the Region's budget. Somali has already started construction of six Health Posts, the total possible with the funding awarded to them. Most Health Posts are in the final stages of construction. In Benshangul Gumuz, the fourth emerging Region, the experience has been a lot more positive, with each district in the region constructing two Health Posts, with the money provided. A total of 40 Health posts will be constructed. Funds were used mainly for procurement of cement, iron sheeting, nails and contractor payment. The design being used is the standard MoH design for Health Posts. Local material is being used for construction and local communities are involved in construction which reduced labour cost. This activity together with the distribution of equipment for HPs (Activity 2.4 below) in effect, will increase the access to Primary Health Care which is one important target of the Health Sector Development Plan.
Activity 2.4: Equipment HP	3,670 HP equipment, which is 50% of the total, have arrived in the country and are being distributed to Health Posts to all Regions by UNICEF. The second order has been placed to UNICEF and money has been transferred to the. The purchase order already issued, equipments will arrive in country starting in October 2008 and further equipment distribution to regions will recommence thereafter. The money allocated for this purpose was not enough to procure the planed quantity of equipment so as indicated on table 9 of this report, about 800,000USD was over spent.

Objective 3:	**ORGANIZATION AND MANAGEMENT OF HEALTH SERVICES AT DISTRICT LEVEL AND BELOW**
Activity 3.1: 4X4 supervision Vehicle to 109 WorHO	Money allocated for this procurement has been efficiently utilised. 109 4x4 pickup vehicles have arrived in-country and are being distributed to the Regions. The Regions are advised to distribute those vehicles to Districts which do not have vehicles for supervision activities. The four emerging Regions do not have adequate number of vehicles at the Regional level and would therefore benefit from GAVI HSS support to strengthen the HEP at the Regional Health Bureau level. The provision of vehicles to selected WorHO will facilitate supportive supervision and distribution of key commodities to health centres & health posts. The remaining money from the allocation for this was reprogrammed to be used for procurement of Automobiles for Department Heads in the FMoH who will release the 4X4 Vehicles currently being used for transportation in Addis. These will be used for field activities. This was approved by the JCCC and the procurement process is underway.
Activity 3.2: IT equipment for 109 WorHO	Money was allocated for 109 IT equipment but managed to procure 180 of them, i.e. computers, printers and UPSs and delivered to the Regional Health to complement HMIS which will facilitate the rolling out of the new HMIS.
Activity 3.3: HEP annual regional review meetings	This fund totalled 86,750 USD in the first and 115,000 USD in the second procurement and was transferred to WorHo's to support HEW Annaul Review Meeting. Regions have reported that the money was used by all woredas to conduct one Annual Review Meeting per region for the HEW and that it has encouraged the HEW to present their reports, discuss on their challenges and seek solutions together.
Activity 3.4: Support for implementation of the HCSS	The total fund allocated for this purpose was 7,740,590 USD, out of which 4,714,198 USD was transferred to the New PHARMID/PFSA in October. 1,914,425 USD was transferred on January and 1,111,963 USD in April 2008. The PFSA has reported that the pharmaceuticals procurement tender process, valued at 4,300,000 USD has been finalized and payment will be effected soon. The construction of a central warehouse has been valued at 1,500,000 USD. The remaining balance will be used for direct procurement of packages.
Support Costs	
Management of HSS	150,000 USD per year was allocated for this purpose. So far three disbursements have been received. This funding have been used to conduct a GAVI HSS workshop, to provide per-diem, and for monitoring visits to Regions. Per-diem for Engineering team's supervision field visit and monthly meetings with GTZ and Regional PPD heads were also provided. Extensive regional monitoring visits were also conducted done by MoH staff to all 11 regions to monitor on the progress of the program and to collect the financial utilisation reports. These trips were paid for from this fund.
Monitoring and Evaluation	The fund allocated for Strengthening Monitoring and Evaluation is being managed by the HMIS team in the PPD. The money from the first disbursement 890,018 USD was distributed to the Regions, including Addis Ababa to strengthen the M&E activities. About 600,000 USD was paid for printing of the new HMIS format. The remaining balance is about 1,129,563 USD which will also be used for printing of HIMS formats during the national rollout of the new HMIS.

Table 11. Baseline indicators *(Add other indicators according to the HSS proposal)*						
Indicator	**Data Source**	**Baseline Value[1] 2005**	**Source[2]**	**Date of Baseline**	**Target**	**Date for Target**
% of TVET schools provided with resources for apprenticeship	Programme Report	44%	Programme Report	June 2006	100%	2010
% of Woredas receiving funding for undertaking IRT for HEWs	Programme Report	29%	Programme Report	December 2006	95%	2010
Number of Woreda health team members trained on IRT	Programme Report	659	Programme Report	June 2007	95%	2010
Number of HEWs who have received one session of IRT	Programme Report	1,603	Programme Report	June 2007	24,900	2010
Number of Health Posts equipped with Health Post Kit	Programme Report	2,346	Programme Report	February 2007	7,340	2010
Number of Health Workers (HC level) trained in IMNCI	Programme Report	191	Programme Report	June 2006	1,270	2010
% of HPs set up in a cluster system for vaccine storage	Programme Report	20%	Programme Report	June 2006	70%	2010
% of Health Posts providing immunization services at least twice a month		NA				
% of women attending at least one ANC consultation	HMIS	41.5%	HMIS	June 2005	80%	2010
% of Health Posts providing TT immunization during ANC		NA				

[1] If baseline data is not available indicate whether baseline data collection is planned and when
[2] Important for easy accessing and cross referencing

Pentavalent (DPT3) coverage	JRF 2005	69%	JRF 2005	April 2006	87%	2010
Measles immunization coverage	JRF 2005	59%	JRF 2005	April 2006	85%	2010
% of children 6-59 months receiving Vitamin A supplementation every six months	Programme Report	91%	Programme Report	June 2005	70%	2010
% of children 12-59 months receiving Albendazole twice a year	Programme Report	92%	Programme Report	June 2005	70%	2010

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	May 16, 2008	
Reporting Period (consistent with previous calendar year)	yes	
Government signatures	yes	
ICC endorsed	yes	
ISS reported on		
DQA reported on	yes	
Reported on use of Vaccine introduction grant	yes	
Injection Safety Reported on	yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	yes	
New Vaccine Request including co-financing completed and Excel sheet attached	yes	
Revised request for injection safety completed (where applicable)	NA	
HSS reported on	Yes	
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

6. Comments

ICC/HSCC comments:

~ End ~

Annex 1
Report on the Mid - Term Review of the HSDP III is attached as a separate document